

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

The Northwestern Mutual Life Insurance Company Federal PAC

ADDRESS (number and street)

720 E Wisconsin Ave

Check if different
than previously
reported. (ACC)

Milwaukee

WI

53202

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00197095

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

April 15
Quarterly Report(Q1)July 15
Quarterly Report(Q2)October 15
Quarterly Report(Q3)January 31
Quarterly Report(YE)July 31 Mid-Year
Report(Non-election
Year Only) (MY)Termination Report
(TER)(b) Monthly
Report
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)
(Non-Election
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)
(Non-Election
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

in the
State of

5. Covering Period

09

01

2010

through

09

30

2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Loretta Mlekoday

Signature of Treasurer

Electronically Filed by Loretta Mlekoday

Date

10

13

2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 147

Write or Type Committee Name

The Northwestern Mutual Life Insurance Company Federal PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	9	0	1	2	0	1	0

To:

M	M	D	D	Y	Y	Y	Y
0	9	3	0	2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2010		183558.22
(b) Cash on Hand at Beginning of Reporting Period	164717.63	
(c) Total Receipts (from Line 19)	30450.66	275626.47
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	195168.29	459184.69
7. Total Disbursements (from Line 31)	39061.66	303078.06
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	156106.63	156106.63
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

3 / 147

Write or Type Committee Name

The Northwestern Mutual Life Insurance Company Federal PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
0	9	0	1	2	0	1	0

To:

M	M	D	D	Y	Y	Y	Y
0	9	3	0	2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	26370.64	203446.42
(ii) Unitemized	4078.84	67169.56
(iii) TOTAL (add Lines 11(a)(i) and (ii)	30449.48	270615.98
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	30449.48	270615.98
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	5000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	1.18	10.49
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	30450.66	275626.47
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	30450.66	275626.47

DETAILED SUMMARY PAGE

of Disbursements

4 / 147

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	61.66	578.06	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	61.66	578.06	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	39000.00	291000.00	
24. Independent Expenditure (use Schedule E)	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00	
29. Other Disbursements.....	0.00	11500.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	39061.66	303078.06	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	39061.66	303078.06	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 147

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	30449.48	270615.98
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	30449.48	270615.98
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	61.66	578.06
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	61.66	578.06

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Mark J. Backe

Mailing Address 4419 N Wildwood Ave

City

Shorewood

State

WI

Zip Code

53211-1408

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Ast Gn Cnl/Ins

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: 201009131915-650

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Mark J. Backe

Mailing Address 4419 N Wildwood Ave

City

Shorewood

State

WI

Zip Code

53211-1408

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Ast Gn Cnl/Ins

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 201009281915-649

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Jerome R. Baier

Mailing Address 19820 Tralee Ct

City

Brookfield

State

WI

Zip Code

53045-2129

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

732.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: 201009131915-689

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 147

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Jerome R. Baier

Mailing Address 19820 Tralee Ct

City

Brookfield

State

WI

Zip Code

53045-2129

FEC ID number of contributing
federal political committee.**C**Name of Employer
NML

Occupation

Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

732.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	0

Transaction ID: 201009281915-688

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

David A. Barras

Mailing Address 8700 W Bennington Ct

City

Mequon

State

WI

Zip Code

53097-3440

FEC ID number of contributing
federal political committee.**C**Name of Employer
NML

Occupation

Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

408.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	1	0

Transaction ID: 201009131915-669

Amount of Each Receipt this Period

18.00

C.

Full Name (Last, First, Middle Initial)

David A. Barras

Mailing Address 8700 W Bennington Ct

City

Mequon

State

WI

Zip Code

53097-3440

FEC ID number of contributing
federal political committee.**C**Name of Employer
NML

Occupation

Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

408.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	0

Transaction ID: 201009281915-668

Amount of Each Receipt this Period

18.00

SUBTOTAL of Receipts This Page (optional)

56.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Rebekah B. Barsch

Mailing Address N46 W5455 Spring Court

City

Cedarburg

State

WI

Zip Code

53012

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Strat Plng & Cnsltng

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: 201009131915-819

Amount of Each Receipt this Period

15.00

B.

Full Name (Last, First, Middle Initial)

Rebekah B. Barsch

Mailing Address N46 W5455 Spring Court

City

Cedarburg

State

WI

Zip Code

53012

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Strat Plng & Cnsltng

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 201009281915-818

Amount of Each Receipt this Period

15.00

C.

Full Name (Last, First, Middle Initial)

Gary H. Barsness

Mailing Address 1671 Deer Springs Cir

City

Bettendorf

State

IA

Zip Code

52722-7148

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

756.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: 201009151915-6

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)

72.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Gary H. Barsness

Mailing Address 1671 Deer Springs Cir

City

Bettendorf

State

IA

Zip Code

52722-7148

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

756.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 201009301915-6

Amount of Each Receipt this Period

42.00

B.

Full Name (Last, First, Middle Initial)

Douglas P. Bates

Mailing Address 5413 Mount Corcoran PI

City

Burke

State

VA

Zip Code

22015-2188

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Federal Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: 201009131915-546

Amount of Each Receipt this Period

35.00

C.

Full Name (Last, First, Middle Initial)

Douglas P. Bates

Mailing Address 5413 Mount Corcoran PI

City

Burke

State

VA

Zip Code

22015-2188

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Federal Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 201009281915-545

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)

112.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Blaise C. Beaulier

Mailing Address 23300 Dover Line Rd

City

Waterford

State

WI

Zip Code

53185-4908

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
VP IS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

468.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: 201009131915-960

Amount of Each Receipt this Period

26.00

B.

Full Name (Last, First, Middle Initial)

Blaise C. Beaulier

Mailing Address 23300 Dover Line Rd

City

Waterford

State

WI

Zip Code

53185-4908

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
VP IS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

468.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 201009281915-959

Amount of Each Receipt this Period

26.00

C.

Full Name (Last, First, Middle Initial)

Mitchell C. Beer

Mailing Address 3387 Hampton Ct

City

Thousand Oaks

State

CA

Zip Code

91362-1130

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: 201009151915-43

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

177.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Mitchell C. Beer

Mailing Address 3387 Hampton Ct

City

Thousand Oaks

State

CA

Zip Code

91362-1130

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 201009301915-43

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)

John P. Bender

Mailing Address 116 Belden Hill Rd

City

Wilton

State

CT

Zip Code

06897-2911

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: 201009151915-46

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

John P. Bender

Mailing Address 116 Belden Hill Rd

City

Wilton

State

CT

Zip Code

06897-2911

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 201009301915-46

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

225.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Beth M. Berger

Mailing Address 4141 N Murray Ave

City

Shorewood

State

WI

Zip Code

53211-2011

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Ast Gn Cnl/Secur

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: 201009131915-543

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

Beth M. Berger

Mailing Address 4141 N Murray Ave

City

Shorewood

State

WI

Zip Code

53211-2011

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Ast Gn Cnl/Secur

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 201009281915-542

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

Mark S. Bishop

Mailing Address 1140 Burnet St

City

Brookfield

State

WI

Zip Code

53005-6835

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Rvp Fld Supv

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: 201009131915-983

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Mark S. Bishop

Mailing Address 1140 Burnet St

City

Brookfield

State

WI

Zip Code

53005-6835

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Rvp Fld Supv

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 201009281915-982

Amount of Each Receipt this Period

15.00

B.

Full Name (Last, First, Middle Initial)

Dwaan C. Black

Mailing Address 3520 Dumbarton Rd NW

City

Atlanta

State

GA

Zip Code

30327-2614

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 201009301915-38

Amount of Each Receipt this Period

75.00

C.

Full Name (Last, First, Middle Initial)

Garrett J. Bleakley

Mailing Address 5460 Chelsea Ave

City

La Jolla

State

CA

Zip Code

92037-7607

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: 201009151915-18

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

115.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 147

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Garrett J. Bleakley

Mailing Address 5460 Chelsea Ave

City

La Jolla

State

CA

Zip Code

92037-7607

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	0

Transaction ID: 201009301915-18

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Deborah S. Bletzinger

Mailing Address 3146 South 29th Stre

City

Milwaukee

State

WI

Zip Code

53215

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Asst Med Dir

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	1	0

Transaction ID: 201009131915-933

Amount of Each Receipt this Period

12.00

C.

Full Name (Last, First, Middle Initial)

Deborah S. Bletzinger

Mailing Address 3146 South 29th Stre

City

Milwaukee

State

WI

Zip Code

53215

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Asst Med Dir

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	0

Transaction ID: 201009281915-932

Amount of Each Receipt this Period

12.00

SUBTOTAL of Receipts This Page (optional)

49.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 147

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Debra Blevons Wascher

Mailing Address 165 S Pine Ct

City

Appleton

State

WI

Zip Code

54914-8222

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

756.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	1	0

Transaction ID: 201009151915-73

Amount of Each Receipt this Period

42.00

B.

Full Name (Last, First, Middle Initial)

Debra Blevons Wascher

Mailing Address 165 S Pine Ct

City

Appleton

State

WI

Zip Code

54914-8222

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

756.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	0

Transaction ID: 201009301915-73

Amount of Each Receipt this Period

42.00

C.

Full Name (Last, First, Middle Initial)

Timothy J. Bohannon

Mailing Address 8677 Alvarado Ct

City

Inver Grove

State

MN

Zip Code

55077-3121

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3744.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	1	0

Transaction ID: 201009151915-20

Amount of Each Receipt this Period

208.00

SUBTOTAL of Receipts This Page (optional)

292.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 147

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Timothy J. Bohannon

Mailing Address 8677 Alvarado Ct

City

Inver Grove

State

MN

Zip Code

55077-3121

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3744.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	0

Transaction ID: 201009301915-20

Amount of Each Receipt this Period

208.00

B.

Full Name (Last, First, Middle Initial)

Sandra L. Botcher

Mailing Address 15375 Kata Dr

City

Elm Grove

State

WI

Zip Code

53122-1028

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP - Era

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

552.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	1	0

Transaction ID: 201009131915-829

Amount of Each Receipt this Period

44.00

C.

Full Name (Last, First, Middle Initial)

Sandra L. Botcher

Mailing Address 15375 Kata Dr

City

Elm Grove

State

WI

Zip Code

53122-1028

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP - Era

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

552.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	0

Transaction ID: 201009281915-828

Amount of Each Receipt this Period

44.00

SUBTOTAL of Receipts This Page (optional)

296.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Mark C. Boyle

Mailing Address 720 E Wisconsin Ave

City

Milwaukee

State

WI

Zip Code

53202-4703

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: 201009131915-844

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Mark C. Boyle

Mailing Address 720 E Wisconsin Ave

City

Milwaukee

State

WI

Zip Code

53202-4703

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 201009281915-843

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Jennifer L. Brase

Mailing Address 12877 N Cobblestone Ct

City

Mequon

State

WI

Zip Code

53097-1812

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
VP Agency Dev

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: 201009131915-864

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 147

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Jennifer L. Brase

Mailing Address 12877 N Cobblestone Ct

City

Mequon

State

WI

Zip Code

53097-1812

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Agency Dev

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	0

Transaction ID: 201009281915-863

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Kristofer D. Breitzman

Mailing Address W290 N3649 Tall Tree

City

Pewaukee

State

WI

Zip Code

53072

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Director

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	1	0

Transaction ID: 201009131915-944

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Kristofer D. Breitzman

Mailing Address W290 N3649 Tall Tree

City

Pewaukee

State

WI

Zip Code

53072

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Director

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	0

Transaction ID: 201009281915-943

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

65.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Anne T. Brower

Mailing Address 2314 E Edgewood Ave

City

Shorewood

State

WI

Zip Code

53211-2939

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Ast Gn Cnl/Secur

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: 201009131915-531

Amount of Each Receipt this Period

12.00

B.

Full Name (Last, First, Middle Initial)

Anne T. Brower

Mailing Address 2314 E Edgewood Ave

City

Shorewood

State

WI

Zip Code

53211-2939

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Ast Gn Cnl/Secur

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 201009281915-530

Amount of Each Receipt this Period

12.00

C.

Full Name (Last, First, Middle Initial)

Pency P. Byhardt

Mailing Address W148 N10042 Windsong

City

Germantown

State

WI

Zip Code

53022

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Field Dev

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: 201009131915-1028

Amount of Each Receipt this Period

12.00

SUBTOTAL of Receipts This Page (optional)

36.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Pency P. Byhardt

Mailing Address W148 N10042 Windsong

City

Germantown

State

WI

Zip Code

53022

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Field Dev

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 201009281915-1027

Amount of Each Receipt this Period

12.00

B.

Full Name (Last, First, Middle Initial)

Michael T. Byrne

Mailing Address 395 La Casa Via

City

Walnut Creek

State

CA

Zip Code

94598-4842

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: 201009151915-36

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)

Michael T. Byrne

Mailing Address 395 La Casa Via

City

Walnut Creek

State

CA

Zip Code

94598-4842

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 201009301915-36

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

262.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Susan W. Callanan

Mailing Address 2736 N Shepard Ave

City

Milwaukee

State

WI

Zip Code

53211-3852

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Legislative Rep

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: 201009131915-1068

Amount of Each Receipt this Period

18.00

B.

Full Name (Last, First, Middle Initial)

Susan W. Callanan

Mailing Address 2736 N Shepard Ave

City

Milwaukee

State

WI

Zip Code

53211-3852

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Legislative Rep

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 201009281915-1067

Amount of Each Receipt this Period

18.00

C.

Full Name (Last, First, Middle Initial)

Michael G. Carter

Mailing Address 7322 N Mohawk Rd

City

Fox Point

State

WI

Zip Code

53217-3454

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP & CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: 201009131915-965

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)

111.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Michael G. Carter

Mailing Address 7322 N Mohawk Rd

City

Fox Point

State

WI

Zip Code

53217-3454

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
VP & CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 201009281915-964

Amount of Each Receipt this Period

75.00

B.

Full Name (Last, First, Middle Initial)

Scott G. Christensen

Mailing Address 12 High Meadow Ln

City

Amherst

State

NH

Zip Code

03031-2554

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: 201009151915-52

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)

Scott G. Christensen

Mailing Address 12 High Meadow Ln

City

Amherst

State

NH

Zip Code

03031-2554

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 201009301915-52

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

325.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Eric P. Christophersen

Mailing Address N55 W21701 Adamdale

City

Menomonee Fal

State

WI

Zip Code

53051

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Compliance/Bp

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

978.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: 201009131915-690

Amount of Each Receipt this Period

57.00

B.

Full Name (Last, First, Middle Initial)

Eric P. Christophersen

Mailing Address N55 W21701 Adamdale

City

Menomonee Fal

State

WI

Zip Code

53051

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Compliance/Bp

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

978.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 201009281915-689

Amount of Each Receipt this Period

57.00

C.

Full Name (Last, First, Middle Initial)

David D. Clark

Mailing Address 923 E Kilbourn Ave

City

Milwaukee

State

WI

Zip Code

53202-3493

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Svp Real Estate

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

2088.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: 201009131915-664

Amount of Each Receipt this Period

112.00

SUBTOTAL of Receipts This Page (optional)

226.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 147

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

David D. Clark

Mailing Address 923 E Kilbourn Ave

City

Milwaukee

State

WI

Zip Code

53202-3493

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Svp Real Estate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2088.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	3	0	/	2	0	1	0

Transaction ID: 201009281915-663

Amount of Each Receipt this Period

112.00

B.

Full Name (Last, First, Middle Initial)

Richard M. Condrey

Mailing Address 907 Williamson Dr

City

Raleigh

State

NC

Zip Code

27608-2307

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3744.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	5	/	2	0	1	0

Transaction ID: 201009151915-13

Amount of Each Receipt this Period

208.00

C.

Full Name (Last, First, Middle Initial)

Richard M. Condrey

Mailing Address 907 Williamson Dr

City

Raleigh

State

NC

Zip Code

27608-2307

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3744.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	3	0	/	2	0	1	0

Transaction ID: 201009301915-13

Amount of Each Receipt this Period

208.00

SUBTOTAL of Receipts This Page (optional)

528.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

C. T. Cruse

Mailing Address 2961 Belclaire Dr

City

Frisco

State

TX

Zip Code

75034-5969

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3744.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: 201009151915-42

Amount of Each Receipt this Period

208.00

B.

Full Name (Last, First, Middle Initial)

C. T. Cruse

Mailing Address 2961 Belclaire Dr

City

Frisco

State

TX

Zip Code

75034-5969

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3744.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 201009301915-42

Amount of Each Receipt this Period

208.00

C.

Full Name (Last, First, Middle Initial)

Brian R. Cunningham

Mailing Address 6251 S Billings Way

City

Centennial

State

CO

Zip Code

80111-6009

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: 201009151915-35

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

466.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Brian R. Cunningham

Mailing Address 6251 S Billings Way

City

Centennial

State

CO

Zip Code

80111-6009

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 201009301915-35

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Jefferson V. De Angelis

Mailing Address 4449 W Donges Bay Rd

City

Mequon

State

WI

Zip Code

53092-4883

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

President Msa

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2934.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: 201009131915-567

Amount of Each Receipt this Period

151.00

C.

Full Name (Last, First, Middle Initial)

Jefferson V. De Angelis

Mailing Address 4449 W Donges Bay Rd

City

Mequon

State

WI

Zip Code

53092-4883

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

President Msa

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2934.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 201009281915-566

Amount of Each Receipt this Period

151.00

SUBTOTAL of Receipts This Page (optional)

352.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 147

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Lew D. Derrickson

Mailing Address 5799 Sunset Ln

City

Indianapolis

State

IN

Zip Code

46228-1447

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3744.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	1	0

Transaction ID: 201009151915-11

Amount of Each Receipt this Period

208.00

B.

Full Name (Last, First, Middle Initial)

Lew D. Derrickson

Mailing Address 5799 Sunset Ln

City

Indianapolis

State

IN

Zip Code

46228-1447

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3744.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	0

Transaction ID: 201009301915-11

Amount of Each Receipt this Period

208.00

C.

Full Name (Last, First, Middle Initial)

James S. Dobbs

Mailing Address RR 1 Box 51B

City

Ripley

State

WV

Zip Code

25271-9705

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	1	0

Transaction ID: 201009151915-7

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

441.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

James S. Dobbs

Mailing Address RR 1 Box 51B

City

Ripley

State

WV

Zip Code

25271-9705

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 201009301915-7

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Richard P. Dodd

Mailing Address 7078 E Genesee St

City

Fayetteville

State

NY

Zip Code

13066-1123

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1248.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: 201009151915-39

Amount of Each Receipt this Period

208.00

C.

Full Name (Last, First, Middle Initial)

Richard P. Dodd

Mailing Address 7078 E Genesee St

City

Fayetteville

State

NY

Zip Code

13066-1123

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1248.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 201009301915-39

Amount of Each Receipt this Period

208.00

SUBTOTAL of Receipts This Page (optional)

441.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 147

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Mark G. Doll

Mailing Address 8420 N Pelican Ln

City

River Hills

State

WI

Zip Code

53217-2058

FEC ID number of contributing
federal political committee.

C

Name of Employer
NMLOccupation
EVP & CIO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3744.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	5	/	2	0	1	0

Transaction ID: 201009131915-843

Amount of Each Receipt this Period

208.00

B.

Full Name (Last, First, Middle Initial)

Mark G. Doll

Mailing Address 8420 N Pelican Ln

City

River Hills

State

WI

Zip Code

53217-2058

FEC ID number of contributing
federal political committee.

C

Name of Employer
NMLOccupation
EVP & CIO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3744.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	3	0	/	2	0	1	0

Transaction ID: 201009281915-842

Amount of Each Receipt this Period

208.00

C.

Full Name (Last, First, Middle Initial)

Steven Dugal

Mailing Address 9 Falcon Dr

City

Mandeville

State

LA

Zip Code

70471-2952

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-EmployedOccupation
General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

624.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	5	/	2	0	1	0

Transaction ID: 201009151915-40

Amount of Each Receipt this Period

208.00

SUBTOTAL of Receipts This Page (optional)

624.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 147

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Steven Dugal

Mailing Address 9 Falcon Dr

City

Mandeville

State

LA

Zip Code

70471-2952

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

624.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	0

Transaction ID: 201009301915-40

Amount of Each Receipt this Period

208.00

B.

Full Name (Last, First, Middle Initial)

John E. Dunn

Mailing Address N71W31034 Lower Club Cir W

City

Hartland

State

WI

Zip Code

53029-8716

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP & Ipas Cnsl

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	1	0

Transaction ID: 201009131915-618

Amount of Each Receipt this Period

37.00

C.

Full Name (Last, First, Middle Initial)

John E. Dunn

Mailing Address N71W31034 Lower Club Cir W

City

Hartland

State

WI

Zip Code

53029-8716

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP & Ipas Cnsl

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	0

Transaction ID: 201009281915-617

Amount of Each Receipt this Period

37.00

SUBTOTAL of Receipts This Page (optional)

282.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

James R. Effner, Jr.

Mailing Address 2520 Hanford Ln

City

Aurora

State

IL

Zip Code

60502-6969

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2700.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: 201009151915-44

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

James R. Effner, Jr.

Mailing Address 2520 Hanford Ln

City

Aurora

State

IL

Zip Code

60502-6969

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2700.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 201009301915-44

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

Ralph David Ellis

Mailing Address 9927 N Valley Hill D

City

Mequon

State

WI

Zip Code

53092

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

684.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: 201009131915-880

Amount of Each Receipt this Period

38.00

SUBTOTAL of Receipts This Page (optional)

338.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Ralph David Ells

Mailing Address 9927 N Valley Hill D

City

Mequon

State

WI

Zip Code

53092

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

684.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 201009281915-879

Amount of Each Receipt this Period

38.00

B.

Full Name (Last, First, Middle Initial)

Keith A. Erhard

Mailing Address 4807 Timberwood Ct

City

West Des Moines

State

IA

Zip Code

50265-5447

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

756.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: 201009151915-29

Amount of Each Receipt this Period

42.00

C.

Full Name (Last, First, Middle Initial)

Keith A. Erhard

Mailing Address 4807 Timberwood Ct

City

West Des Moines

State

IA

Zip Code

50265-5447

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

756.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 201009301915-29

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)

122.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

John C. Ertz

Mailing Address 18235 Shaker Blvd

City

Shaker Heights

State

OH

Zip Code

44120-1754

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1260.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: 201009151915-28

Amount of Each Receipt this Period

70.00

B.

Full Name (Last, First, Middle Initial)

John C. Ertz

Mailing Address 18235 Shaker Blvd

City

Shaker Heights

State

OH

Zip Code

44120-1754

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1260.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 201009301915-28

Amount of Each Receipt this Period

70.00

C.

Full Name (Last, First, Middle Initial)

Christina H. Fiasca

Mailing Address 9230 N Fairway Dr

City

Bayside

State

WI

Zip Code

53217-1317

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Svp Agency Svcs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1530.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: 201009131915-907

Amount of Each Receipt this Period

85.00

SUBTOTAL of Receipts This Page (optional)

225.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 147

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Christina H. Fiasca

Mailing Address 9230 N Fairway Dr

City

Bayside

State

WI

Zip Code

53217-1317

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Svp Agency Svcs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1530.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	3	0	/	2	0	1	0

Transaction ID: 201009281915-906

Amount of Each Receipt this Period

85.00

B.

Full Name (Last, First, Middle Initial)

Daniel M. Flesch

Mailing Address 369 Sunshine Dr

City

Hartland

State

WI

Zip Code

53029-8559

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	5	/	2	0	1	0

Transaction ID: 201009131915-911

Amount of Each Receipt this Period

15.00

C.

Full Name (Last, First, Middle Initial)

Daniel M. Flesch

Mailing Address 369 Sunshine Dr

City

Hartland

State

WI

Zip Code

53029-8559

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	3	0	/	2	0	1	0

Transaction ID: 201009281915-910

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)

115.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

John E. Fobes, II

Mailing Address 1638 Del Dayo Dr

City

Carmichael

State

CA

Zip Code

95608-6052

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3744.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: 201009151915-32

Amount of Each Receipt this Period

208.00

B.

Full Name (Last, First, Middle Initial)

John E. Fobes, II

Mailing Address 1638 Del Dayo Dr

City

Carmichael

State

CA

Zip Code

95608-6052

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3744.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 201009301915-32

Amount of Each Receipt this Period

208.00

C.

Full Name (Last, First, Middle Initial)

Donald Forecki

Mailing Address 208 Laurel Ln

City

South Milwaukee

State

WI

Zip Code

53172-1071

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Inv Ops

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: 201009131915-772

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)

431.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Donald Forecki

Mailing Address 208 Laurel Ln

City

South Milwaukee

State

WI

Zip Code

53172-1071

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
Dir Inv Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 201009281915-771

Amount of Each Receipt this Period

15.00

B.

Full Name (Last, First, Middle Initial)

Lee M. Fortenberry

Mailing Address 115 Hillside Rd

City

Mechanicsburg

State

PA

Zip Code

17050-1728

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

756.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: 201009151915-54

Amount of Each Receipt this Period

42.00

C.

Full Name (Last, First, Middle Initial)

Lee M. Fortenberry

Mailing Address 115 Hillside Rd

City

Mechanicsburg

State

PA

Zip Code

17050-1728

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

756.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 201009301915-54

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)

99.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Lance P. Franczyk

Mailing Address 2224 E 24th St

City

Tulsa

State

OK

Zip Code

74114-2912

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

954.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: 201009151915-56

Amount of Each Receipt this Period

75.00

B.

Full Name (Last, First, Middle Initial)

Lance P. Franczyk

Mailing Address 2224 E 24th St

City

Tulsa

State

OK

Zip Code

74114-2912

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

954.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 201009301915-56

Amount of Each Receipt this Period

75.00

C.

Full Name (Last, First, Middle Initial)

Stephen J. Frankl

Mailing Address 1462 Willow Dr

City

Port Washington

State

WI

Zip Code

53074-2464

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Di Sls Strt Spt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

234.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: 201009131915-1058

Amount of Each Receipt this Period

13.00

SUBTOTAL of Receipts This Page (optional)

163.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Stephen J. Frankl

Mailing Address 1462 Willow Dr

City

Port Washington

State

WI

Zip Code

53074-2464

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Di Sls Strt Spt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

234.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 201009281915-1057

Amount of Each Receipt this Period

13.00

B.

Full Name (Last, First, Middle Initial)

Robert T. Frieling

Mailing Address 5 Gennaro Cir

City

Wayland

State

MA

Zip Code

01778-4436

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: 201009151915-27

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)

Robert T. Frieling

Mailing Address 5 Gennaro Cir

City

Wayland

State

MA

Zip Code

01778-4436

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 201009301915-27

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

263.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Sheila M. Gavin

Mailing Address 5735 N Crestwood Blvd

City

Glendale

State

WI

Zip Code

53209-4309

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Ast Gn Cnl/Ins

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

486.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: 201009131915-1032

Amount of Each Receipt this Period

27.00

B.

Full Name (Last, First, Middle Initial)

Sheila M. Gavin

Mailing Address 5735 N Crestwood Blvd

City

Glendale

State

WI

Zip Code

53209-4309

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Ast Gn Cnl/Ins

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

486.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 201009281915-1031

Amount of Each Receipt this Period

27.00

C.

Full Name (Last, First, Middle Initial)

Timothy J. Gerend

Mailing Address 5421 N Idlewild Ave

City

Whitefish Bay

State

WI

Zip Code

53217-5331

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Field Comp & Plg

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

526.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: 201009131915-612

Amount of Each Receipt this Period

53.00

SUBTOTAL of Receipts This Page (optional)

107.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Timothy J. Gerend

Mailing Address 5421 N Idlewild Ave

City

Whitefish Bay

State

WI

Zip Code

53217-5331

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Field Comp & Plg

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

526.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 201009281915-611

Amount of Each Receipt this Period

53.00

B.

Full Name (Last, First, Middle Initial)

Walter M. Givler

Mailing Address 13040 W Hawthorne Ln

City

New Berlin

State

WI

Zip Code

53151-8742

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Acctg Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: 201009131915-607

Amount of Each Receipt this Period

15.00

C.

Full Name (Last, First, Middle Initial)

Walter M. Givler

Mailing Address 13040 W Hawthorne Ln

City

New Berlin

State

WI

Zip Code

53151-8742

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Acctg Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 201009281915-606

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)

83.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 147

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Robert P. Glazier

Mailing Address W299S8578 State Road

City	State	Zip Code
Mukwonago	WI	53149

FEC ID number of contributing
federal political committee.

C

Name of Employer
NMLOccupation
Director Actuarial Systems

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	1	0

Transaction ID: 201009131915-503

Amount of Each Receipt this Period

14.00

B.

Full Name (Last, First, Middle Initial)

Robert P. Glazier

Mailing Address W299S8578 State Road

City	State	Zip Code
Mukwonago	WI	53149

FEC ID number of contributing
federal political committee.

C

Name of Employer
NMLOccupation
Director Actuarial Systems

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	0

Transaction ID: 201009281915-502

Amount of Each Receipt this Period

14.00

C.

Full Name (Last, First, Middle Initial)

Mitchell B. Glover

Mailing Address 6700 Old Darby Trl NE

City	State	Zip Code
Ada	MI	49301-8360

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-EmployedOccupation
General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	1	0

Transaction ID: 201009151915-25

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

153.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Mitchell B. Glover

Mailing Address 6700 Old Darby Trl NE

City

Ada

State

MI

Zip Code

49301-8360

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 201009301915-25

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)

Kimberley Goode

Mailing Address 2485 W Fairy Chasm R

City

River Hills

State

WI

Zip Code

53217

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Comm

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1134.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: 201009131915-560

Amount of Each Receipt this Period

63.00

C.

Full Name (Last, First, Middle Initial)

Kimberley Goode

Mailing Address 2485 W Fairy Chasm R

City

River Hills

State

WI

Zip Code

53217

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Comm

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1134.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 201009281915-559

Amount of Each Receipt this Period

63.00

SUBTOTAL of Receipts This Page (optional)

251.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Patrick K. Gores

Mailing Address 2702 28th Ave S

City

Fargo

State

ND

Zip Code

58103-5045

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: 201009151915-17

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Patrick K. Gores

Mailing Address 2702 28th Ave S

City

Fargo

State

ND

Zip Code

58103-5045

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 201009301915-17

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Tom Goris, Jr.

Mailing Address 8042 Cheverny Dr

City

Mequon

State

WI

Zip Code

53097-2532

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: 201009151915-37

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

225.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Tom Goris, Jr.

Mailing Address 8042 Cheverny Dr

City

Mequon

State

WI

Zip Code

53097-2532

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 3 0 / 2 0 1 0

Transaction ID: 201009301915-37

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)

Karl G. Gouverneur

Mailing Address 12895 N Cobblestone Ct

City

Mequon

State

WI

Zip Code

53097-1812

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP & Chief Tech Architect

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 5 / 2 0 1 0

Transaction ID: 201009131915-1096

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Karl G. Gouverneur

Mailing Address 12895 N Cobblestone Ct

City

Mequon

State

WI

Zip Code

53097-1812

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP & Chief Tech Architect

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 3 0 / 2 0 1 0

Transaction ID: 201009281915-1095

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

165.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 147

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

John M. Grogan

Mailing Address 706 W Acacia Rd

City

Glendale

State

WI

Zip Code

53217-4008

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Pres & CEO Wealth Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1584.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	5	/	2	0	1	0

Transaction ID: 201009131915-1005

Amount of Each Receipt this Period

88.00

B.

Full Name (Last, First, Middle Initial)

John M. Grogan

Mailing Address 706 W Acacia Rd

City

Glendale

State

WI

Zip Code

53217-4008

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Pres & CEO Wealth Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1584.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	3	0	/	2	0	1	0

Transaction ID: 201009281915-1004

Amount of Each Receipt this Period

88.00

C.

Full Name (Last, First, Middle Initial)

Thomas C. Guay

Mailing Address W73 N377 Mulberry Avenue

City

Cedarburg

State

WI

Zip Code

53012

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP-New Business

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

972.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	5	/	2	0	1	0

Transaction ID: 201009131915-634

Amount of Each Receipt this Period

54.00

SUBTOTAL of Receipts This Page (optional)

230.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Thomas C. Guay

Mailing Address W73 N377 Mulberry Avenue

City

Cedarburg

State

WI

Zip Code

53012

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP-New Business

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

972.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 201009281915-633

Amount of Each Receipt this Period

54.00

B.

Full Name (Last, First, Middle Initial)

Stephen T. Guinan

Mailing Address 126 Waverly Cir

City

Phoenixville

State

PA

Zip Code

19460-2500

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

756.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: 201009151915-51

Amount of Each Receipt this Period

42.00

C.

Full Name (Last, First, Middle Initial)

Stephen T. Guinan

Mailing Address 126 Waverly Cir

City

Phoenixville

State

PA

Zip Code

19460-2500

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

756.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 201009301915-51

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)

138.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Kevin J. Hassan

Mailing Address 804 Montparnasse Pl

City

Newtown Sq

State

PA

Zip Code

19073-2623

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: 201009151915-26

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)

Kevin J. Hassan

Mailing Address 804 Montparnasse Pl

City

Newtown Sq

State

PA

Zip Code

19073-2623

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 201009301915-26

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)

Laura J. Hauschild

Mailing Address 14611 50th Rd

City

Sturtevant

State

WI

Zip Code

53177-1038

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Retirement Mkt Prj

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: 201009131915-750

Amount of Each Receipt this Period

12.00

SUBTOTAL of Receipts This Page (optional)

262.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Laura J. Hauschild

Mailing Address 14611 50th Rd

City

Sturtevant

State

WI

Zip Code

53177-1038

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Retirement Mkt Prj

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 201009281915-749

Amount of Each Receipt this Period

12.00

B.

Full Name (Last, First, Middle Initial)

Wayne F. Heidenreich, MD

Mailing Address 4753 N Larkin St

City

Whitefish Bay

State

WI

Zip Code

53211-1152

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Medical Dir/HR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

282.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: 201009131915-1007

Amount of Each Receipt this Period

17.00

C.

Full Name (Last, First, Middle Initial)

Wayne F. Heidenreich, MD

Mailing Address 4753 N Larkin St

City

Whitefish Bay

State

WI

Zip Code

53211-1152

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Medical Dir/HR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

282.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 201009281915-1006

Amount of Each Receipt this Period

17.00

SUBTOTAL of Receipts This Page (optional)

46.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Thomas R. Hendricks

Mailing Address 9003 N Mohawk Rd

City

Bayside

State

WI

Zip Code

53217-1743

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Asst Dir Ips Prod Ln

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 201009281915-968

Amount of Each Receipt this Period

15.00

B.

Full Name (Last, First, Middle Initial)

Mark J. Heurung

Mailing Address 18443 Melissa Cir

City

Eden Prairie

State

MN

Zip Code

55347-1058

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

624.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: 201009151915-50

Amount of Each Receipt this Period

208.00

C.

Full Name (Last, First, Middle Initial)

Mark J. Heurung

Mailing Address 18443 Melissa Cir

City

Eden Prairie

State

MN

Zip Code

55347-1058

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

624.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 201009301915-50

Amount of Each Receipt this Period

208.00

SUBTOTAL of Receipts This Page (optional)

431.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 147

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Gary M. Hewitt

Mailing Address 2045 Elm Tree Rd

City

Elm Grove

State

WI

Zip Code

53122-1117

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Treas & Inv Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1248.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	1	0

Transaction ID: 201009131915-902

Amount of Each Receipt this Period

68.00

B.

Full Name (Last, First, Middle Initial)

Gary M. Hewitt

Mailing Address 2045 Elm Tree Rd

City

Elm Grove

State

WI

Zip Code

53122-1117

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Treas & Inv Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1248.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	0

Transaction ID: 201009281915-901

Amount of Each Receipt this Period

68.00

C.

Full Name (Last, First, Middle Initial)

Michael T. Holloway

Mailing Address 425 Lake Bluff Ln

City

Grafton

State

WI

Zip Code

53024-9764

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	1	0

Transaction ID: 201009131915-868

Amount of Each Receipt this Period

12.00

SUBTOTAL of Receipts This Page (optional)

148.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 / 147

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Michael T. Holloway

Mailing Address 425 Lake Bluff Ln

City

Grafton

State

WI

Zip Code

53024-9764

FEC ID number of contributing
federal political committee.

C

Name of Employer
NMLOccupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	0

Transaction ID: 201009281915-867

Amount of Each Receipt this Period

12.00

B.

Full Name (Last, First, Middle Initial)

Steve H. Holter

Mailing Address 11390 N Creekside Ct

City

Mequon

State

WI

Zip Code

53092-4377

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-EmployedOccupation
General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2748.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	1	0

Transaction ID: 201009151915-58

Amount of Each Receipt this Period

208.00

C.

Full Name (Last, First, Middle Initial)

Steve H. Holter

Mailing Address 11390 N Creekside Ct

City

Mequon

State

WI

Zip Code

53092-4377

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-EmployedOccupation
General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2748.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	0

Transaction ID: 201009301915-58

Amount of Each Receipt this Period

208.00

SUBTOTAL of Receipts This Page (optional)

428.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Harry P. Hoopis

Mailing Address 1133 Elm Tree Rd

City

Lake Forest

State

IL

Zip Code

60045-1413

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3744.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: 201009151915-1

Amount of Each Receipt this Period

208.00

B.

Full Name (Last, First, Middle Initial)

Harry P. Hoopis

Mailing Address 1133 Elm Tree Rd

City

Lake Forest

State

IL

Zip Code

60045-1413

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3744.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 201009301915-1

Amount of Each Receipt this Period

208.00

C.

Full Name (Last, First, Middle Initial)

Brian J. Hubbell

Mailing Address 1701 E Westminster Ln

City

Spokane

State

WA

Zip Code

99223-6712

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: 201009151915-14

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

466.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Brian J. Hubbell

Mailing Address 1701 E Westminster Ln

City

Spokane

State

WA

Zip Code

99223-6712

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 201009301915-14

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Scott Iodice

Mailing Address 1930 Old Court Rd

City

Ruxton

State

MD

Zip Code

21204-1849

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: 201009151915-31

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)

Scott Iodice

Mailing Address 1930 Old Court Rd

City

Ruxton

State

MD

Zip Code

21204-1849

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 201009301915-31

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Nicholas E. Jahnke

Mailing Address 23702 Champe Ford Rd

City

Middleburg

State

VA

Zip Code

20117-2940

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Director-Field Production

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1062.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: 201009131915-929

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Nicholas E. Jahnke

Mailing Address 23702 Champe Ford Rd

City

Middleburg

State

VA

Zip Code

20117-2940

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Director-Field Production

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1062.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 201009281915-928

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Gregory G. Johnson

Mailing Address 507 W Kenilworth Cir

City

Mequon

State

WI

Zip Code

53092-6199

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: 201009131915-1076

Amount of Each Receipt this Period

14.00

SUBTOTAL of Receipts This Page (optional)

64.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Gregory G. Johnson

Mailing Address 507 W Kenilworth Cir

City

Mequon

State

WI

Zip Code

53092-6199

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 201009281915-1075

Amount of Each Receipt this Period

14.00

B.

Full Name (Last, First, Middle Initial)

Shawn F. Kelley

Mailing Address 16 Vintage Walk

City

Cincinnati

State

OH

Zip Code

45249-2101

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1003.98

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: 201009151915-69

Amount of Each Receipt this Period

83.33

C.

Full Name (Last, First, Middle Initial)

Shawn F. Kelley

Mailing Address 16 Vintage Walk

City

Cincinnati

State

OH

Zip Code

45249-2101

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1003.98

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 201009301915-69

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional)

180.66

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 / 147

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

John C. Kelly

Mailing Address 5806 N Kent Ave

City

Whitefish Bay

State

WI

Zip Code

53217-4612

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP & Controller

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1098.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	5	/	2	0	1	0

Transaction ID: 201009131915-604

Amount of Each Receipt this Period

61.00

B.

Full Name (Last, First, Middle Initial)

John C. Kelly

Mailing Address 5806 N Kent Ave

City

Whitefish Bay

State

WI

Zip Code

53217-4612

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP & Controller

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1098.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	3	0	/	2	0	1	0

Transaction ID: 201009281915-603

Amount of Each Receipt this Period

61.00

C.

Full Name (Last, First, Middle Initial)

Troy B. Kemelgor

Mailing Address 8930 Dunn Ct

City

Dublin

State

OH

Zip Code

43017-8880

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

756.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	5	/	2	0	1	0

Transaction ID: 201009151915-66

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)

164.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Troy B. Kemelgor

Mailing Address 8930 Dunn Ct

City

Dublin

State

OH

Zip Code

43017-8880

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

756.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 201009301915-66

Amount of Each Receipt this Period

42.00

B.

Full Name (Last, First, Middle Initial)

Mark E. Kishler

Mailing Address 720 E Wisconsin Ave

City

Milwaukee

State

WI

Zip Code

53202-4703

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: 201009131915-619

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Mark E. Kishler

Mailing Address 720 E Wisconsin Ave

City

Milwaukee

State

WI

Zip Code

53202-4703

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 201009281915-618

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

82.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 58 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Pamela A. Knox

Mailing Address 6109 Audubon Manor B

City

Lithia

State

FL

Zip Code

33547

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

District Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: 201009131915-1035

Amount of Each Receipt this Period

16.00

B.

Full Name (Last, First, Middle Initial)

Pamela A. Knox

Mailing Address 6109 Audubon Manor B

City

Lithia

State

FL

Zip Code

33547

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

District Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 201009281915-1034

Amount of Each Receipt this Period

16.00

C.

Full Name (Last, First, Middle Initial)

William S. Koch

Mailing Address 4645 Swilcan Bridge Ln S

City

Jacksonville

State

FL

Zip Code

32224-5621

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1950.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: 201009151915-22

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

157.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

William S. Koch

Mailing Address 4645 Swilcan Bridge Ln S

City

Jacksonville

State

FL

Zip Code

32224-5621

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1950.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 201009301915-22

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)

John L. Kordsmeier

Mailing Address 2522 W Daphne Rd

City

Glendale

State

WI

Zip Code

53209-3352

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Disability Income

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1074.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: 201009131915-1038

Amount of Each Receipt this Period

63.00

C.

Full Name (Last, First, Middle Initial)

John L. Kordsmeier

Mailing Address 2522 W Daphne Rd

City

Glendale

State

WI

Zip Code

53209-3352

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Disability Income

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1074.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 201009281915-1037

Amount of Each Receipt this Period

63.00

SUBTOTAL of Receipts This Page (optional)

251.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 60 / 147

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Steven H. Kosnick

Mailing Address 5799 Windsona Cir

City

Fitchburg

State

WI

Zip Code

53711-5839

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

756.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	1	0

Transaction ID: 201009151915-16

Amount of Each Receipt this Period

42.00

B.

Full Name (Last, First, Middle Initial)

Steven H. Kosnick

Mailing Address 5799 Windsona Cir

City

Fitchburg

State

WI

Zip Code

53711-5839

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

756.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	0

Transaction ID: 201009301915-16

Amount of Each Receipt this Period

42.00

C.

Full Name (Last, First, Middle Initial)

Carol L. Kracht

Mailing Address 449 E Cedar Ln

City

Mequon

State

WI

Zip Code

53092-6102

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Dep Gc/Sec & Board Rel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

558.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	1	0

Transaction ID: 201009131915-966

Amount of Each Receipt this Period

29.00

SUBTOTAL of Receipts This Page (optional)

113.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 61 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Carol L. Kracht

Mailing Address 449 E Cedar Ln

City

Mequon

State

WI

Zip Code

53092-6102

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Dep Gc/Sec & Board Rel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

558.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 201009281915-965

Amount of Each Receipt this Period

29.00

B.

Full Name (Last, First, Middle Initial)

Todd L. Laszewski

Mailing Address 2604 N 90th St

City

Milwaukee

State

WI

Zip Code

53226-1813

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Lp Dev

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

276.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: 201009131915-889

Amount of Each Receipt this Period

16.00

C.

Full Name (Last, First, Middle Initial)

Todd L. Laszewski

Mailing Address 2604 N 90th St

City

Milwaukee

State

WI

Zip Code

53226-1813

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Lp Dev

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

276.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 201009281915-888

Amount of Each Receipt this Period

16.00

SUBTOTAL of Receipts This Page (optional)

61.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 62 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Michael K. Lawhon

Mailing Address 6952 Burnt Sienna Cir

City

Naples

State

FL

Zip Code

34109-7826

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1003.98

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: 201009151915-61

Amount of Each Receipt this Period

83.33

B.

Full Name (Last, First, Middle Initial)

Michael K. Lawhon

Mailing Address 6952 Burnt Sienna Cir

City

Naples

State

FL

Zip Code

34109-7826

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1003.98

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 201009301915-61

Amount of Each Receipt this Period

83.33

C.

Full Name (Last, First, Middle Initial)

Elizabeth J. Lentini

Mailing Address 5525 N Hollywood Ave

City

Whitefish Bay

State

WI

Zip Code

53217-5207

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Ast Gn Cnl/Secur

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: 201009131915-1084

Amount of Each Receipt this Period

14.00

SUBTOTAL of Receipts This Page (optional)

180.66

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 63 / 147

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Elizabeth J. Lentini

Mailing Address 5525 N Hollywood Ave

City

Whitefish Bay

State

WI

Zip Code

53217-5207

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Ast Gn Cnl/Secur

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	3	0	/	2	0	1	0

Transaction ID: 201009281915-1083

Amount of Each Receipt this Period

14.00

B.

Full Name (Last, First, Middle Initial)

Werner Loots

Mailing Address 2664 N Summit Ave

City

Milwaukee

State

WI

Zip Code

53211-3849

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Strat Intel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	5	/	2	0	1	0

Transaction ID: 201009131915-591

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

Werner Loots

Mailing Address 2664 N Summit Ave

City

Milwaukee

State

WI

Zip Code

53211-3849

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Strat Intel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	3	0	/	2	0	1	0

Transaction ID: 201009281915-590

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

74.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 64 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Robert D. Lowrey

Mailing Address 1108 W Goldthread Cir

City

Sioux Falls

State

SD

Zip Code

57108-2824

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

756.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: 201009151915-21

Amount of Each Receipt this Period

42.00

B.

Full Name (Last, First, Middle Initial)

Robert D. Lowrey

Mailing Address 1108 W Goldthread Cir

City

Sioux Falls

State

SD

Zip Code

57108-2824

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

756.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 201009301915-21

Amount of Each Receipt this Period

42.00

C.

Full Name (Last, First, Middle Initial)

Jeffrey J. Lueken

Mailing Address 1213 E Goodrich Ln

City

Fox Point

State

WI

Zip Code

53217-2946

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Svp Securities

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2352.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: 201009131915-894

Amount of Each Receipt this Period

126.00

SUBTOTAL of Receipts This Page (optional)

210.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 65 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Jeffrey J. Lueken

Mailing Address 1213 E Goodrich Ln

City

Fox Point

State

WI

Zip Code

53217-2946

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Svp Securities

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2352.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 201009281915-893

Amount of Each Receipt this Period

126.00

B.

Full Name (Last, First, Middle Initial)

David C. Magoon

Mailing Address N31 W23910 Old Farm

City

Pewaukee

State

WI

Zip Code

53072

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

IS Cons

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: 201009131915-532

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

David C. Magoon

Mailing Address N31 W23910 Old Farm

City

Pewaukee

State

WI

Zip Code

53072

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

IS Cons

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 201009281915-531

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

166.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 66 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Cory A. Mahaffey

Mailing Address 17555 Blue Heron Rd

City

Lake Oswego

State

OR

Zip Code

97034-5653

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: 201009151915-68

Amount of Each Receipt this Period

42.00

B.

Full Name (Last, First, Middle Initial)

Cory A. Mahaffey

Mailing Address 17555 Blue Heron Rd

City

Lake Oswego

State

OR

Zip Code

97034-5653

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 201009301915-68

Amount of Each Receipt this Period

42.00

C.

Full Name (Last, First, Middle Initial)

Jean M. Maier

Mailing Address 5432 N Diversey Blvd

City

Whitefish Bay

State

WI

Zip Code

53217-5165

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Svp Ent Ops & Cco

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2700.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: 201009131915-523

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

234.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 67 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Jean M. Maier

Mailing Address 5432 N Diversey Blvd

City

Whitefish Bay

State

WI

Zip Code

53217-5165

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Svp Ent Ops & Cco

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

2700.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 201009281915-522

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

Raymond J. Manista

Mailing Address 7236 N Crossway Rd

City

Fox Point

State

WI

Zip Code

53217-3519

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Gen Cnsl & Sec

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1278.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: 201009131915-556

Amount of Each Receipt this Period

73.00

C.

Full Name (Last, First, Middle Initial)

Raymond J. Manista

Mailing Address 7236 N Crossway Rd

City

Fox Point

State

WI

Zip Code

53217-3519

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Gen Cnsl & Sec

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1278.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 201009281915-555

Amount of Each Receipt this Period

73.00

SUBTOTAL of Receipts This Page (optional)

296.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 68 / 147

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Jeffrey S. Marks

Mailing Address 8232 S Country Club Cir

City

Franklin

State

WI

Zip Code

53132-8532

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Spcl Proj

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	0

Transaction ID: 201009281915-572

Amount of Each Receipt this Period

13.00

B.

Full Name (Last, First, Middle Initial)

Meridee J. Maynard

Mailing Address 809 E Lake Forest Ave

City

Whitefish Bay

State

WI

Zip Code

53217-5377

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Svp

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1494.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	1	0

Transaction ID: 201009131915-822

Amount of Each Receipt this Period

83.00

C.

Full Name (Last, First, Middle Initial)

Meridee J. Maynard

Mailing Address 809 E Lake Forest Ave

City

Whitefish Bay

State

WI

Zip Code

53217-5377

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Svp

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1494.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	0

Transaction ID: 201009281915-821

Amount of Each Receipt this Period

83.00

SUBTOTAL of Receipts This Page (optional)

179.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 69 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

David C. Mc Avoy

Mailing Address 11 Mountview Rd

City

Wellesley

State

MA

Zip Code

02481-2757

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3648.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: 201009151915-10

Amount of Each Receipt this Period

208.00

B.

Full Name (Last, First, Middle Initial)

David C. Mc Avoy

Mailing Address 11 Mountview Rd

City

Wellesley

State

MA

Zip Code

02481-2757

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3648.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 201009301915-10

Amount of Each Receipt this Period

208.00

C.

Full Name (Last, First, Middle Initial)

Roger M. Mc Queen

Mailing Address 5820 Twin Creek Rd

City

Salt Lake Cty

State

UT

Zip Code

84108-3605

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: 201009151915-8

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

541.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 70 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Roger M. Mc Queen

Mailing Address 5820 Twin Creek Rd

City

Salt Lake City

State

UT

Zip Code

84108-3605

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 201009301915-8

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)

Brian W. McClure

Mailing Address 1402 Wyndemere Point Dr

City

Champaign

State

IL

Zip Code

61822-3349

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

756.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: 201009151915-71

Amount of Each Receipt this Period

42.00

C.

Full Name (Last, First, Middle Initial)

Brian W. McClure

Mailing Address 1402 Wyndemere Point Dr

City

Champaign

State

IL

Zip Code

61822-3349

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

756.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 201009301915-71

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)

209.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 71 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Erin L. McComas

Mailing Address 1485 Broadstone PI

City

Vienna

State

VA

Zip Code

22182-1752

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Director-Field Asset Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

234.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: 201009131915-1095

Amount of Each Receipt this Period

13.00

B.

Full Name (Last, First, Middle Initial)

Erin L. McComas

Mailing Address 1485 Broadstone PI

City

Vienna

State

VA

Zip Code

22182-1752

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Director-Field Asset Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

234.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 201009281915-1094

Amount of Each Receipt this Period

13.00

C.

Full Name (Last, First, Middle Initial)

Mark J. McLennon

Mailing Address 2571 N 86th St

City

Milwaukee

State

WI

Zip Code

53226-1921

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Inv Adv Svc

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

414.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: 201009131915-590

Amount of Each Receipt this Period

23.00

SUBTOTAL of Receipts This Page (optional)

49.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 72 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Mark J. McLennon

Mailing Address 2571 N 86th St

City

Milwaukee

State

WI

Zip Code

53226-1921

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Inv Adv Svc

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

414.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 201009281915-589

Amount of Each Receipt this Period

23.00

B.

Full Name (Last, First, Middle Initial)

John W. McTigue

Mailing Address 205 E 4th St

City

Hinsdale

State

IL

Zip Code

60521-4603

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3744.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: 201009151915-15

Amount of Each Receipt this Period

208.00

C.

Full Name (Last, First, Middle Initial)

John W. McTigue

Mailing Address 205 E 4th St

City

Hinsdale

State

IL

Zip Code

60521-4603

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3744.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 201009301915-15

Amount of Each Receipt this Period

208.00

SUBTOTAL of Receipts This Page (optional)

439.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 73 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Joseph F. Meier

Mailing Address 208 Long Acres Ln

City

Oviedo

State

FL

Zip Code

32765-7843

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

756.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: 201009151915-19

Amount of Each Receipt this Period

42.00

B.

Full Name (Last, First, Middle Initial)

Joseph F. Meier

Mailing Address 208 Long Acres Ln

City

Oviedo

State

FL

Zip Code

32765-7843

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

756.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 201009301915-19

Amount of Each Receipt this Period

42.00

C.

Full Name (Last, First, Middle Initial)

Robert G. Meilander

Mailing Address 6900 N Glen Shore Dr

City

Glendale

State

WI

Zip Code

53209-2819

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP-Corporate Actuary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: 201009131915-548

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

114.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 74 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Robert G. Meilander

Mailing Address 6900 N Glen Shore Dr

City

Glendale

State

WI

Zip Code

53209-2819

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP-Corporate Actuary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 201009281915-547

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

Carl W. Middleton, III

Mailing Address 15712 Point Monroe Dr NE

City

Bainbridge Island

State

WA

Zip Code

98110-1158

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: 201009151915-5

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)

Carl W. Middleton, III

Mailing Address 15712 Point Monroe Dr NE

City

Bainbridge Island

State

WA

Zip Code

98110-1158

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 201009301915-5

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

280.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 75 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Ben Miller

Mailing Address 34 Storyteller Ct

City

Sandia Park

State

NM

Zip Code

87047-8542

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

756.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: 201009151915-64

Amount of Each Receipt this Period

42.00

B.

Full Name (Last, First, Middle Initial)

Ben Miller

Mailing Address 24672 N 109th St

City

Scottsdale

State

AZ

Zip Code

85255-8086

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

756.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 201009301915-64

Amount of Each Receipt this Period

42.00

C.

Full Name (Last, First, Middle Initial)

Kevin E. Miller

Mailing Address 214 Schenley Rd

City

Pittsburgh

State

PA

Zip Code

15217-1171

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3744.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: 201009151915-49

Amount of Each Receipt this Period

208.00

SUBTOTAL of Receipts This Page (optional)

292.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 76 / 147

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Kevin E. Miller

Mailing Address 214 Schenley Rd

City

Pittsburgh

State

PA

Zip Code

15217-1171

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3744.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	0

Transaction ID: 201009301915-49

Amount of Each Receipt this Period

208.00

B.

Full Name (Last, First, Middle Initial)

Karen A. Molloy

Mailing Address 2004 N 85th St

City

Milwaukee

State

WI

Zip Code

53226-2846

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Asst Treasurer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	1	0

Transaction ID: 201009131915-879

Amount of Each Receipt this Period

12.00

C.

Full Name (Last, First, Middle Initial)

Karen A. Molloy

Mailing Address 2004 N 85th St

City

Milwaukee

State

WI

Zip Code

53226-2846

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Asst Treasurer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	0

Transaction ID: 201009281915-878

Amount of Each Receipt this Period

12.00

SUBTOTAL of Receipts This Page (optional)

232.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 77 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Scott J. Morris

Mailing Address 4406 N Madero Drive

City

Meguon

State

WI

Zip Code

53092

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
Ast Gn Cnl

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: 201009131915-1051

Amount of Each Receipt this Period

15.00

B.

Full Name (Last, First, Middle Initial)

Scott J. Morris

Mailing Address 4406 N Madero Drive

City

Meguon

State

WI

Zip Code

53092

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
Ast Gn Cnl

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 201009281915-1050

Amount of Each Receipt this Period

15.00

C.

Full Name (Last, First, Middle Initial)

Martin A. Moser

Mailing Address 378 Juniper Ct

City

Grafton

State

WI

Zip Code

53024-2270

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

396.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: 201009131915-587

Amount of Each Receipt this Period

22.00

SUBTOTAL of Receipts This Page (optional)

52.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 78 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Martin A. Moser

Mailing Address 378 Juniper Ct

City

Grafton

State

WI

Zip Code

53024-2270

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

396.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 201009281915-586

Amount of Each Receipt this Period

22.00

B.

Full Name (Last, First, Middle Initial)

David K. Nelson

Mailing Address 1506 E Fox Ln

City

Fox Point

State

WI

Zip Code

53217-2853

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
Ast Gn Cnl/Ins

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

234.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: 201009131915-658

Amount of Each Receipt this Period

13.00

C.

Full Name (Last, First, Middle Initial)

David K. Nelson

Mailing Address 1506 E Fox Ln

City

Fox Point

State

WI

Zip Code

53217-2853

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
Ast Gn Cnl/Ins

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

234.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 201009281915-657

Amount of Each Receipt this Period

13.00

SUBTOTAL of Receipts This Page (optional)

48.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 79 / 147

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Ronald C. Nelson

Mailing Address 5275 N Lake Dr

City

Whitefish Bay

State

WI

Zip Code

53217-5371

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Rsrch & Prod Spt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	5	/	2	0	1	0

Transaction ID: 201009131915-595

Amount of Each Receipt this Period

2.00

B.

Full Name (Last, First, Middle Initial)

Ronald C. Nelson

Mailing Address 5275 N Lake Dr

City

Whitefish Bay

State

WI

Zip Code

53217-5371

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Rsrch & Prod Spt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	3	0	/	2	0	1	0

Transaction ID: 201009281915-594

Amount of Each Receipt this Period

2.00

C.

Full Name (Last, First, Middle Initial)

Timothy Nelson

Mailing Address 3518 17th St

City

Kenosha

State

WI

Zip Code

53144-3339

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Compliance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

234.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	5	/	2	0	1	0

Transaction ID: 201009131915-863

Amount of Each Receipt this Period

13.00

SUBTOTAL of Receipts This Page (optional)

17.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 80 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Timothy Nelson

Mailing Address 3518 17th St

City

Kenosha

State

WI

Zip Code

53144-3339

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Compliance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

234.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 201009281915-862

Amount of Each Receipt this Period

13.00

B.

Full Name (Last, First, Middle Initial)

James J. Nemec

Mailing Address 22 Maple Ave

City

Larchmont

State

NY

Zip Code

10538-4041

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3744.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: 201009151915-72

Amount of Each Receipt this Period

208.00

C.

Full Name (Last, First, Middle Initial)

James J. Nemec

Mailing Address 22 Maple Ave

City

Larchmont

State

NY

Zip Code

10538-4041

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3744.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 201009301915-72

Amount of Each Receipt this Period

208.00

SUBTOTAL of Receipts This Page (optional)

429.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 81 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Jeremy D. Newman

Mailing Address 1140 Lone Tree Rd

City

Elm Grove

State

WI

Zip Code

53122-2019

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Corp Offices

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

348.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: 201009131915-1087

Amount of Each Receipt this Period

18.00

B.

Full Name (Last, First, Middle Initial)

Jeremy D. Newman

Mailing Address 1140 Lone Tree Rd

City

Elm Grove

State

WI

Zip Code

53122-2019

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Corp Offices

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

348.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 201009281915-1086

Amount of Each Receipt this Period

18.00

C.

Full Name (Last, First, Middle Initial)

William H. Norton

Mailing Address 10145 Wavell Rd

City

Fairfax

State

VA

Zip Code

22032-2337

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Regional Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: 201009131915-521

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

86.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 82 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

William H. Norton

Mailing Address 10145 Wavell Rd

City

Fairfax

State

VA

Zip Code

22032-2337

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Regional Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 201009281915-520

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Daniel J. O Meara

Mailing Address W70 N385 Fox Pointe

City

Cedarburg

State

WI

Zip Code

53012

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Agency Dev & Prgms

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

474.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: 201009131915-705

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Daniel J. O Meara

Mailing Address W70 N385 Fox Pointe

City

Cedarburg

State

WI

Zip Code

53012

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Agency Dev & Prgms

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

474.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 201009281915-704

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 83 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

John K. O Meara

Mailing Address 1083 N Perry Ct

City

Milwaukee

State

WI

Zip Code

53213-3158

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Adv PIng

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: 201009131915-1006

Amount of Each Receipt this Period

14.00

B.

Full Name (Last, First, Middle Initial)

John K. O Meara

Mailing Address 1083 N Perry Ct

City

Milwaukee

State

WI

Zip Code

53213-3158

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Adv PIng

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 201009281915-1005

Amount of Each Receipt this Period

14.00

C.

Full Name (Last, First, Middle Initial)

Mary Joy O Meara

Mailing Address 4325 N Morris Blvd

City

Shorewood

State

WI

Zip Code

53211-1547

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Exec Benefits Mkts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

234.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: 201009131915-728

Amount of Each Receipt this Period

13.00

SUBTOTAL of Receipts This Page (optional)

41.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 84 / 147

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Mary Joy O Meara

Mailing Address 4325 N Morris Blvd

City

Shorewood

State

WI

Zip Code

53211-1547

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Exec Benefits Mkts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

234.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	0

Transaction ID: 201009281915-727

Amount of Each Receipt this Period

13.00

B.

Full Name (Last, First, Middle Initial)

Gregory C. Oberland

Mailing Address 4746 N Cumberland Blvd

City

Whitefish Bay

State

WI

Zip Code

53211-1147

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

EVP Ins & Tech

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3744.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	1	0

Transaction ID: 201009131915-575

Amount of Each Receipt this Period

208.00

C.

Full Name (Last, First, Middle Initial)

Gregory C. Oberland

Mailing Address 4746 N Cumberland Blvd

City

Whitefish Bay

State

WI

Zip Code

53211-1147

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

EVP Ins & Tech

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3744.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	0

Transaction ID: 201009281915-574

Amount of Each Receipt this Period

208.00

SUBTOTAL of Receipts This Page (optional)

429.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 85 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Kevin K. Olp

Mailing Address 13140 W North Ln

City

New Berlin

State

WI

Zip Code

53151-9007

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Creat Svcs Sol & Co Init

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 201009281915-659

Amount of Each Receipt this Period

12.00

B.

Full Name (Last, First, Middle Initial)

Eric S. Olson

Mailing Address 127 Fairmount Rd

City

Ridgewood

State

NJ

Zip Code

07450-1422

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

756.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: 201009151915-55

Amount of Each Receipt this Period

42.00

C.

Full Name (Last, First, Middle Initial)

Eric S. Olson

Mailing Address 127 Fairmount Rd

City

Ridgewood

State

NJ

Zip Code

07450-1422

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

756.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 201009301915-55

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)

96.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 86 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Kathleen A. Oman

Mailing Address S63W16495 College Ave

City

Muskego

State

WI

Zip Code

53150-8303

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
VP Pos

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

930.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: 201009131915-734

Amount of Each Receipt this Period

51.00

B.

Full Name (Last, First, Middle Initial)

Kathleen A. Oman

Mailing Address S63W16495 College Ave

City

Muskego

State

WI

Zip Code

53150-8303

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
VP Pos

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

930.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 201009281915-733

Amount of Each Receipt this Period

51.00

C.

Full Name (Last, First, Middle Initial)

Christen L. Partleton

Mailing Address 4832 N Shoreland Ave

City

Whitefish Bay

State

WI

Zip Code

53217-5821

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
VP Facility Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: 201009131915-851

Amount of Each Receipt this Period

26.00

SUBTOTAL of Receipts This Page (optional)

128.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 87 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Christen L. Partleton

Mailing Address 4832 N Shoreland Ave

City

Whitefish Bay

State

WI

Zip Code

53217-5821

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Facility Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 201009281915-850

Amount of Each Receipt this Period

26.00

B.

Full Name (Last, First, Middle Initial)

William C. Pickering

Mailing Address 1823 N 81st St

City

Milwaukee

State

WI

Zip Code

53213-2146

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Ast Gn Cnl/Intl Pro

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: 201009131915-1017

Amount of Each Receipt this Period

12.00

C.

Full Name (Last, First, Middle Initial)

William C. Pickering

Mailing Address 1823 N 81st St

City

Milwaukee

State

WI

Zip Code

53213-2146

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Ast Gn Cnl/Intl Pro

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 201009281915-1016

Amount of Each Receipt this Period

12.00

SUBTOTAL of Receipts This Page (optional)

50.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 88 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Harvey W. Pogoriler

Mailing Address 9185 N Rexleigh Dr

City

Bayside

State

WI

Zip Code

53217-1869

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Ast Gn Cnl/Ins

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

426.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: 201009131915-1046

Amount of Each Receipt this Period

23.00

B.

Full Name (Last, First, Middle Initial)

Harvey W. Pogoriler

Mailing Address 9185 N Rexleigh Dr

City

Bayside

State

WI

Zip Code

53217-1869

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Ast Gn Cnl/Ins

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

426.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 201009281915-1045

Amount of Each Receipt this Period

23.00

C.

Full Name (Last, First, Middle Initial)

Gary A. Poliner

Mailing Address 825 N Prospect Ave # U

City

Milwaukee

State

WI

Zip Code

53202-3979

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

EVP Ips

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3225.96

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: 201009131915-527

Amount of Each Receipt this Period

121.66

SUBTOTAL of Receipts This Page (optional)

167.66

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 89 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Gary A. Poliner

Mailing Address 825 N Prospect Ave # U

City

Milwaukee

State

WI

Zip Code

53202-3979

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
EVP Ips

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3225.96

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 201009281915-526

Amount of Each Receipt this Period

121.66

B.

Full Name (Last, First, Middle Initial)

Michael E. Pritzl

Mailing Address 572 Cottonwood Ln

City

Grafton

State

WI

Zip Code

53024-9591

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
VP Agency Dev

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

306.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: 201009131915-953

Amount of Each Receipt this Period

17.00

C.

Full Name (Last, First, Middle Initial)

Michael E. Pritzl

Mailing Address 572 Cottonwood Ln

City

Grafton

State

WI

Zip Code

53024-9591

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
VP Agency Dev

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

306.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 201009281915-952

Amount of Each Receipt this Period

17.00

SUBTOTAL of Receipts This Page (optional)

155.66

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 90 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Charles R. Pruett

Mailing Address 224 Ensworth Pl

City

Nashville

State

TN

Zip Code

37205-1922

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: 201009151915-59

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)

Charles R. Pruett

Mailing Address 224 Ensworth Pl

City

Nashville

State

TN

Zip Code

37205-1922

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 201009301915-59

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)

John M. Qualy

Mailing Address 13 Brentmoor Park

City

Clayton

State

MO

Zip Code

63105-3067

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3744.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: 201009151915-2

Amount of Each Receipt this Period

208.00

SUBTOTAL of Receipts This Page (optional)

458.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 91 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

John M. Qualy

Mailing Address 13 Brentmoor Park

City

Clayton

State

MO

Zip Code

63105-3067

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3744.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 201009301915-2

Amount of Each Receipt this Period

208.00

B.

Full Name (Last, First, Middle Initial)

Craig L. Quinlan

Mailing Address 2302 Court North Dr

City

Melville

State

NY

Zip Code

11747-8122

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

756.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: 201009151915-34

Amount of Each Receipt this Period

42.00

C.

Full Name (Last, First, Middle Initial)

Craig L. Quinlan

Mailing Address 2302 Court North Dr

City

Melville

State

NY

Zip Code

11747-8122

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

756.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 201009301915-34

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)

292.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 92 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Steven M. Radke

Mailing Address 9600 N Crestwood Ct

City

Mequon

State

WI

Zip Code

53092-5355

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Leg & Reg Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: 201009131915-815

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

Steven M. Radke

Mailing Address 9600 N Crestwood Ct

City

Mequon

State

WI

Zip Code

53092-5355

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Leg & Reg Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 201009281915-814

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

Randal W. Ralph

Mailing Address 3616 Turnberry Dr

City

Mequon

State

WI

Zip Code

53092-6307

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: 201009131915-1043

Amount of Each Receipt this Period

17.50

SUBTOTAL of Receipts This Page (optional)

77.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 93 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Randal W. Ralph

Mailing Address 3616 Turnberry Dr

City

Mequon

State

WI

Zip Code

53092-6307

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 201009281915-1042

Amount of Each Receipt this Period

17.50

B.

Full Name (Last, First, Middle Initial)

Jeff D. Reeter

Mailing Address 7 Williamsburg Ln

City

Houston

State

TX

Zip Code

77024-5144

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: 201009151915-70

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Jeff D. Reeter

Mailing Address 7 Williamsburg Ln

City

Houston

State

TX

Zip Code

77024-5144

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 201009301915-70

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

217.50

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 94 / 147

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

David R. Remstad

Mailing Address 2634 N Lake Dr

City

Milwaukee

State

WI

Zip Code

53211-3837

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP & Chief Actuary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1068.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	5	/	2	0	1	0

Transaction ID: 201009131915-738

Amount of Each Receipt this Period

60.00

B.

Full Name (Last, First, Middle Initial)

David R. Remstad

Mailing Address 2634 N Lake Dr

City

Milwaukee

State

WI

Zip Code

53211-3837

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP & Chief Actuary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1068.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	3	0	/	2	0	1	0

Transaction ID: 201009281915-737

Amount of Each Receipt this Period

60.00

C.

Full Name (Last, First, Middle Initial)

Zhibin Ren

Mailing Address 14925 W Woodview Ct

City

New Berlin

State

WI

Zip Code

53151-2390

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Ast Gn Cnl Intl Pro

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	5	/	2	0	1	0

Transaction ID: 201009131915-840

Amount of Each Receipt this Period

12.00

SUBTOTAL of Receipts This Page (optional)

132.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 95 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Zhibin Ren

Mailing Address 14925 W Woodview Ct

City

New Berlin

State

WI

Zip Code

53151-2390

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Ast Gn Cnl Intl Pro

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 201009281915-839

Amount of Each Receipt this Period

12.00

B.

Full Name (Last, First, Middle Initial)

Peter K. Richardson

Mailing Address 720 E Green Tree Rd

City

Fox Point

State

WI

Zip Code

53217-3615

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Ast Gn Cnl/Ipas

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

318.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: 201009131915-504

Amount of Each Receipt this Period

19.00

C.

Full Name (Last, First, Middle Initial)

Peter K. Richardson

Mailing Address 720 E Green Tree Rd

City

Fox Point

State

WI

Zip Code

53217-3615

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Ast Gn Cnl/Ipas

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

318.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 201009281915-503

Amount of Each Receipt this Period

19.00

SUBTOTAL of Receipts This Page (optional)

50.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 96 / 147

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Daniel A. Riedl

Mailing Address 6604 Cedar St

City

Milwaukee

State

WI

Zip Code

53213-3252

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Dist Pol & Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	5	/	2	0	1	0

Transaction ID: 201009131915-659

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Daniel A. Riedl

Mailing Address 6604 Cedar St

City

Milwaukee

State

WI

Zip Code

53213-3252

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Dist Pol & Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	3	0	/	2	0	1	0

Transaction ID: 201009281915-658

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Marcia Rimai

Mailing Address 4100 N Lake Dr

City

Shorewood

State

WI

Zip Code

53211-1719

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

EVP & Chief Admin Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3744.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	5	/	2	0	1	0

Transaction ID: 201009131915-616

Amount of Each Receipt this Period

208.00

SUBTOTAL of Receipts This Page (optional)

258.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 97 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Marcia Rimai

Mailing Address 4100 N Lake Dr

City

Shorewood

State

WI

Zip Code

53211-1719

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

EVP & Chief Admin Officer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3744.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 201009281915-615

Amount of Each Receipt this Period

208.00

B.

Full Name (Last, First, Middle Initial)

John D. Rivers, Jr.

Mailing Address 3601 River Ridge Cv

City

Prospect

State

KY

Zip Code

40059-8038

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2748.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: 201009151915-33

Amount of Each Receipt this Period

208.00

C.

Full Name (Last, First, Middle Initial)

John D. Rivers, Jr.

Mailing Address 3601 River Ridge Cv

City

Prospect

State

KY

Zip Code

40059-8038

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2748.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 201009301915-33

Amount of Each Receipt this Period

208.00

SUBTOTAL of Receipts This Page (optional)

624.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 98 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Bethany M. Rodenhuis

Mailing Address 3900 N Lake Dr

City

Shorewood

State

WI

Zip Code

53211-2448

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Corp Plng

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1080.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: 201009131915-617

Amount of Each Receipt this Period

60.00

B.

Full Name (Last, First, Middle Initial)

Bethany M. Rodenhuis

Mailing Address 3900 N Lake Dr

City

Shorewood

State

WI

Zip Code

53211-2448

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Corp Plng

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1080.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 201009281915-616

Amount of Each Receipt this Period

60.00

C.

Full Name (Last, First, Middle Initial)

Tammy M. Roou

Mailing Address N99 W14710 Amber Drive

City

Germantown

State

WI

Zip Code

53022

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP & Ins Prod & Dist Cnl

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: 201009131915-802

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

140.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 99 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Tammy M. Roou

Mailing Address N99 W14710 Amber Drive

City

Germantown

State

WI

Zip Code

53022

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP & Ins Prod & Dist Cnl

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 201009281915-801

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Matt Russo

Mailing Address 139 Deep Valley Rd

City

New Canaan

State

CT

Zip Code

06840-2804

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3744.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: 201009151915-63

Amount of Each Receipt this Period

208.00

C.

Full Name (Last, First, Middle Initial)

Matt Russo

Mailing Address 139 Deep Valley Rd

City

New Canaan

State

CT

Zip Code

06840-2804

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3744.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 201009301915-63

Amount of Each Receipt this Period

208.00

SUBTOTAL of Receipts This Page (optional)

436.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 100 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Stephen G. Ruys

Mailing Address 2336 N 90th St

City

Milwaukee

State

WI

Zip Code

53226-1829

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
Dir IS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

264.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: 201009131915-812

Amount of Each Receipt this Period

16.00

B.

Full Name (Last, First, Middle Initial)

Stephen G. Ruys

Mailing Address 2336 N 90th St

City

Milwaukee

State

WI

Zip Code

53226-1829

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
Dir IS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

264.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 201009281915-811

Amount of Each Receipt this Period

16.00

C.

Full Name (Last, First, Middle Initial)

R. P. Sarnecki

Mailing Address 16004 King St

City

Overland Park

State

KS

Zip Code

66062-7508

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2100.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: 201009151915-45

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

182.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 101 / 147

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

R. P. Sarnecki

Mailing Address 16004 King St

City

Overland Park

State

KS

Zip Code

66062-7508

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	0

Transaction ID: 201009301915-45

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

Joseph M. Savino

Mailing Address 8 Benedek Rd

City

Princeton

State

NJ

Zip Code

08540-2227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3744.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	1	0

Transaction ID: 201009151915-4

Amount of Each Receipt this Period

208.00

C.

Full Name (Last, First, Middle Initial)

Joseph M. Savino

Mailing Address 8 Benedek Rd

City

Princeton

State

NJ

Zip Code

08540-2227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3744.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	0

Transaction ID: 201009301915-4

Amount of Each Receipt this Period

208.00

SUBTOTAL of Receipts This Page (optional)

566.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 102 / 147

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Timothy G. Schaefer

Mailing Address 1013 E Lexington Blvd

City

Whitefish Bay

State

WI

Zip Code

53217-5381

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Chief Information Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1266.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	5	/	2	0	1	0

Transaction ID: 201009131915-850

Amount of Each Receipt this Period

71.00

B.

Full Name (Last, First, Middle Initial)

Timothy G. Schaefer

Mailing Address 1013 E Lexington Blvd

City

Whitefish Bay

State

WI

Zip Code

53217-5381

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Chief Information Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1266.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	3	0	/	2	0	1	0

Transaction ID: 201009281915-849

Amount of Each Receipt this Period

71.00

C.

Full Name (Last, First, Middle Initial)

Cal D. Schattschneider

Mailing Address 5940 Stefanie Way

City

Caledonia

State

WI

Zip Code

53108-9563

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir - Nb Lg Case

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	5	/	2	0	1	0

Transaction ID: 201009131915-1022

Amount of Each Receipt this Period

18.00

SUBTOTAL of Receipts This Page (optional)

160.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 103 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Cal D. Schattschneider

Mailing Address 5940 Stefanie Way

City

Caledonia

State

WI

Zip Code

53108-9563

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir - Nb Lg Case

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 201009281915-1021

Amount of Each Receipt this Period

18.00

B.

Full Name (Last, First, Middle Initial)

John E. Schlifske

Mailing Address 1500 Greenway Ter

City

Elm Grove

State

WI

Zip Code

53122-1611

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3744.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: 201009131915-756

Amount of Each Receipt this Period

208.00

C.

Full Name (Last, First, Middle Initial)

John E. Schlifske

Mailing Address 1500 Greenway Ter

City

Elm Grove

State

WI

Zip Code

53122-1611

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3744.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 201009281915-755

Amount of Each Receipt this Period

208.00

SUBTOTAL of Receipts This Page (optional)

434.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 104 / 147

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Jeffrey S. Schlinsog

Mailing Address W73N412 Greystone Dr

City

Cedarburg

State

WI

Zip Code

53012-2281

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Research

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	1	0

Transaction ID: 201009131915-959

Amount of Each Receipt this Period

22.00

B.

Full Name (Last, First, Middle Initial)

Jeffrey S. Schlinsog

Mailing Address W73N412 Greystone Dr

City

Cedarburg

State

WI

Zip Code

53012-2281

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Research

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	0

Transaction ID: 201009281915-958

Amount of Each Receipt this Period

22.00

C.

Full Name (Last, First, Middle Initial)

Kathleen H. Schluter

Mailing Address 5057 N Palisades Rd

City

Whitefish Bay

State

WI

Zip Code

53217-5756

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP & Tax Cnsl

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

558.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	1	0

Transaction ID: 201009131915-758

Amount of Each Receipt this Period

31.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 105 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Kathleen H. Schluter

Mailing Address 5057 N Palisades Rd

City

Whitefish Bay

State

WI

Zip Code

53217-5756

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP & Tax Cnsl

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

558.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 201009281915-757

Amount of Each Receipt this Period

31.00

B.

Full Name (Last, First, Middle Initial)

Calvin R. Schmidt

Mailing Address W205 Allen Rd

City

Oconomowoc

State

WI

Zip Code

53066-9048

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Inv Prod Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1038.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: 201009131915-784

Amount of Each Receipt this Period

59.00

C.

Full Name (Last, First, Middle Initial)

Calvin R. Schmidt

Mailing Address W205 Allen Rd

City

Oconomowoc

State

WI

Zip Code

53066-9048

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Inv Prod Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1038.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 201009281915-783

Amount of Each Receipt this Period

59.00

SUBTOTAL of Receipts This Page (optional)

149.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 106 / 147

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Rodd Schneider

Mailing Address 1415 E Fairy Chasm R

City

Bayside

State

WI

Zip Code

53217

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP & Lit Cnsl

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

486.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	1	0

Transaction ID: 201009131915-518

Amount of Each Receipt this Period

27.00

B.

Full Name (Last, First, Middle Initial)

Rodd Schneider

Mailing Address 1415 E Fairy Chasm R

City

Bayside

State

WI

Zip Code

53217

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP & Lit Cnsl

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

486.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	0

Transaction ID: 201009281915-517

Amount of Each Receipt this Period

27.00

C.

Full Name (Last, First, Middle Initial)

Todd M. Schoon

Mailing Address 923 E Kilbourn Ave # U

City

Milwaukee

State

WI

Zip Code

53202-3493

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Sr VP Agencies

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3744.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	1	0

Transaction ID: 201009131915-1066

Amount of Each Receipt this Period

208.00

SUBTOTAL of Receipts This Page (optional)

262.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 107 / 147

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Todd M. Schoon

Mailing Address 923 E Kilbourn Ave # U

City

Milwaukee

State

WI

Zip Code

53202-3493

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Sr VP Agencies

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

3744.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	0

Transaction ID: 201009281915-1065

Amount of Each Receipt this Period

208.00

B.

Full Name (Last, First, Middle Initial)

Brad P. Seitzinger

Mailing Address 1672 Chieftan Cir

City

Oxford

State

MI

Zip Code

48371-6095

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1074.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	1	0

Transaction ID: 201009151915-48

Amount of Each Receipt this Period

75.00

C.

Full Name (Last, First, Middle Initial)

Brad P. Seitzinger

Mailing Address 1672 Chieftan Cir

City

Oxford

State

MI

Zip Code

48371-6095

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1074.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	0

Transaction ID: 201009301915-48

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)

358.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 108 / 147

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

David W. Simbro

Mailing Address 311 E Erie St Unit 4

City

Milwaukee

State

WI

Zip Code

53202-6040

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Life Products

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	5	/	2	0	1	0

Transaction ID: 201009131915-1055

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)

David W. Simbro

Mailing Address 311 E Erie St Unit 4

City

Milwaukee

State

WI

Zip Code

53202-6040

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Life Products

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	3	0	/	2	0	1	0

Transaction ID: 201009281915-1054

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

Paul W. Skalecki

Mailing Address W69N463 Fox Pointe A

City

Cedarburg

State

WI

Zip Code

53012

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Uw Standards

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

462.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	5	/	2	0	1	0

Transaction ID: 201009131915-871

Amount of Each Receipt this Period

27.00

SUBTOTAL of Receipts This Page (optional)

107.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 109 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Paul W. Skalecki

Mailing Address W69N463 Fox Pointe A

City

Cedarburg

State

WI

Zip Code

53012

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Uw Standards

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

462.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 201009281915-870

Amount of Each Receipt this Period

27.00

B.

Full Name (Last, First, Middle Initial)

Mark W. Smith

Mailing Address 614 Park Crest Dr

City

Thiensville

State

WI

Zip Code

53092-1423

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Ast Gen Cnl & Sec

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

438.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: 201009131915-873

Amount of Each Receipt this Period

23.00

C.

Full Name (Last, First, Middle Initial)

Mark W. Smith

Mailing Address 614 Park Crest Dr

City

Thiensville

State

WI

Zip Code

53092-1423

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Ast Gen Cnl & Sec

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

438.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 201009281915-872

Amount of Each Receipt this Period

23.00

SUBTOTAL of Receipts This Page (optional)

73.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 110 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Richard P. Snyder

Mailing Address 909 Fairview Ave

City

South Milwaukee

State

WI

Zip Code

53172-1719

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Field Comp

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

264.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: 201009131915-638

Amount of Each Receipt this Period

14.00

B.

Full Name (Last, First, Middle Initial)

Richard P. Snyder

Mailing Address 909 Fairview Ave

City

South Milwaukee

State

WI

Zip Code

53172-1719

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Field Comp

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

264.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 201009281915-637

Amount of Each Receipt this Period

14.00

C.

Full Name (Last, First, Middle Initial)

Steve P. Sperka

Mailing Address S67W17735 Copper Oaks Ct

City

Muskego

State

WI

Zip Code

53150-7503

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Ltc

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: 201009131915-789

Amount of Each Receipt this Period

26.00

SUBTOTAL of Receipts This Page (optional)

54.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 111 / 147

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Steve P. Sperka

Mailing Address S67W17735 Copper Oaks Ct

City

Muskego

State

WI

Zip Code

53150-7503

FEC ID number of contributing
federal political committee.

C

Name of Employer
NMLOccupation
VP Ltc

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	3	0	/	2	0	1	0

Transaction ID: 201009281915-788

Amount of Each Receipt this Period

26.00

B.

Full Name (Last, First, Middle Initial)

Robert L. Spinks

Mailing Address 305 Waterbury Cv

City

Jackson

State

MS

Zip Code

39232-8692

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-EmployedOccupation
General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

756.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	5	/	2	0	1	0

Transaction ID: 201009151915-9

Amount of Each Receipt this Period

42.00

C.

Full Name (Last, First, Middle Initial)

Robert L. Spinks

Mailing Address 305 Waterbury Cv

City

Jackson

State

MS

Zip Code

39232-8692

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-EmployedOccupation
General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

756.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	3	0	/	2	0	1	0

Transaction ID: 201009301915-9

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)

110.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 112 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Paul J. Steffen

Mailing Address 10502 N Stone Creek Dr

City

Mequon

State

WI

Zip Code

53092-5463

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Agencies

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: 201009131915-519

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Paul J. Steffen

Mailing Address 10502 N Stone Creek Dr

City

Mequon

State

WI

Zip Code

53092-5463

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Agencies

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 201009281915-518

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Jason Steigman

Mailing Address 2301 E Newton Ave

City

Shorewood

State

WI

Zip Code

53211-2617

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Managing Director

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

462.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: 201009131915-598

Amount of Each Receipt this Period

17.00

SUBTOTAL of Receipts This Page (optional)

117.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 113 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Jason Steigman

Mailing Address 2301 E Newton Ave

City

Shorewood

State

WI

Zip Code

53211-2617

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

462.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 201009281915-597

Amount of Each Receipt this Period

17.00

B.

Full Name (Last, First, Middle Initial)

David G. Stoeffel

Mailing Address 6311 N Lake Dr

City

Whitefish Bay

State

WI

Zip Code

53217-4343

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Invest Prod Ln

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

534.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: 201009131915-874

Amount of Each Receipt this Period

31.00

C.

Full Name (Last, First, Middle Initial)

David G. Stoeffel

Mailing Address 6311 N Lake Dr

City

Whitefish Bay

State

WI

Zip Code

53217-4343

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Invest Prod Ln

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

534.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 201009281915-873

Amount of Each Receipt this Period

31.00

SUBTOTAL of Receipts This Page (optional)

79.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 114 / 147

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Stephen R. Stone

Mailing Address N58 W24851 Cardinal

City

Sussex

State

WI

Zip Code

53089

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Inv Acctg

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

282.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	1	0

Transaction ID: 201009131915-663

Amount of Each Receipt this Period

17.00

B.

Full Name (Last, First, Middle Initial)

Stephen R. Stone

Mailing Address N58 W24851 Cardinal

City

Sussex

State

WI

Zip Code

53089

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Inv Acctg

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

282.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	0

Transaction ID: 201009281915-662

Amount of Each Receipt this Period

17.00

C.

Full Name (Last, First, Middle Initial)

Richard A. Strait

Mailing Address 9086 N Tennyson Dr

City

Bayside

State

WI

Zip Code

53217-1967

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	1	0

Transaction ID: 201009131915-1053

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

59.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 115 / 147

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Richard A. Strait

Mailing Address 9086 N Tennyson Dr

City

Bayside

State

WI

Zip Code

53217-1967

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	0

Transaction ID: 201009281915-1052

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Peter F. Striano, III

Mailing Address 11050 NW 78th PI

City

Parkland

State

FL

Zip Code

33076-4723

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	1	0

Transaction ID: 201009151915-60

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)

Peter F. Striano, III

Mailing Address 11050 NW 78th PI

City

Parkland

State

FL

Zip Code

33076-4723

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	0

Transaction ID: 201009301915-60

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

275.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 116 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Steven J. Stribling

Mailing Address 11830 W Whitaker Ave

City

Greenfield

State

WI

Zip Code

53228-2455

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Director - Di Benefits

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: 201009131915-1069

Amount of Each Receipt this Period

15.00

B.

Full Name (Last, First, Middle Initial)

Steven J. Stribling

Mailing Address 11830 W Whitaker Ave

City

Greenfield

State

WI

Zip Code

53228-2455

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Director - Di Benefits

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 201009281915-1068

Amount of Each Receipt this Period

15.00

C.

Full Name (Last, First, Middle Initial)

Stephen J. Strommen

Mailing Address 7410 N Range Line Rd

City

Glendale

State

WI

Zip Code

53209-2028

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Senior Actuary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

324.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: 201009131915-757

Amount of Each Receipt this Period

18.00

SUBTOTAL of Receipts This Page (optional)

48.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 117 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Stephen J. Strommen

Mailing Address 7410 N Range Line Rd

City

Glendale

State

WI

Zip Code

53209-2028

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Senior Actuary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

324.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 201009281915-756

Amount of Each Receipt this Period

18.00

B.

Full Name (Last, First, Middle Initial)

Daphne C. Stroud

Mailing Address 150 Fernwood Dr

City

East Greenwich

State

RI

Zip Code

02818-1616

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

756.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: 201009151915-65

Amount of Each Receipt this Period

42.00

C.

Full Name (Last, First, Middle Initial)

Daphne C. Stroud

Mailing Address 150 Fernwood Dr

City

East Greenwich

State

RI

Zip Code

02818-1616

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

756.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 201009301915-65

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)

102.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 118 / 147

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Theodore H. Strupp

Mailing Address 9411 Harding Blvd

City

Milwaukee

State

WI

Zip Code

53226-1722

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Corp & Exec Com

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	1	0

Transaction ID: 201009131915-783

Amount of Each Receipt this Period

15.00

B.

Full Name (Last, First, Middle Initial)

Theodore H. Strupp

Mailing Address 9411 Harding Blvd

City

Milwaukee

State

WI

Zip Code

53226-1722

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Corp & Exec Com

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	0

Transaction ID: 201009281915-782

Amount of Each Receipt this Period

15.00

C.

Full Name (Last, First, Middle Initial)

Rachel L. Taknint

Mailing Address 4733 N Cumberland Blvd

City

Whitefish Bay

State

WI

Zip Code

53211-1140

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Info Risk Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	1	0

Transaction ID: 201009131915-820

Amount of Each Receipt this Period

24.00

SUBTOTAL of Receipts This Page (optional)

54.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 119 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Rachel L. Taktint

Mailing Address 4733 N Cumberland Blvd

City

Whitefish Bay

State

WI

Zip Code

53211-1140

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Info Risk Mgmt

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 201009281915-819

Amount of Each Receipt this Period

24.00

B.

Full Name (Last, First, Middle Initial)

Elizabeth B. Taylor

Mailing Address W287 N945 Bedouin Court

City

Waukesha

State

WI

Zip Code

53188

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Adv Plng

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: 201009131915-1094

Amount of Each Receipt this Period

14.00

C.

Full Name (Last, First, Middle Initial)

Elizabeth B. Taylor

Mailing Address W287 N945 Bedouin Court

City

Waukesha

State

WI

Zip Code

53188

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Adv Plng

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 201009281915-1093

Amount of Each Receipt this Period

14.00

SUBTOTAL of Receipts This Page (optional)

52.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 120 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Joe P. Teague

Mailing Address 17002 Abastros De Avila

City

Tampa

State

FL

Zip Code

33613-5214

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1260.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: 201009151915-12

Amount of Each Receipt this Period

70.00

B.

Full Name (Last, First, Middle Initial)

Joe P. Teague

Mailing Address 17002 Abastros De Avila

City

Tampa

State

FL

Zip Code

33613-5214

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1260.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 201009301915-12

Amount of Each Receipt this Period

70.00

C.

Full Name (Last, First, Middle Initial)

Michael F. Tews

Mailing Address 609 S 249th Cir

City

Waterloo

State

NE

Zip Code

68069-4432

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

756.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: 201009151915-30

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)

182.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 121 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Michael F. Tews

Mailing Address 609 S 249th Cir

City

Waterloo

State

NE

Zip Code

68069-4432

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

756.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 201009301915-30

Amount of Each Receipt this Period

42.00

B.

Full Name (Last, First, Middle Initial)

Scott P. Theodore

Mailing Address 12505 Ventana Mesa Cir

City

Castle Rock

State

CO

Zip Code

80108-9148

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

624.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: 201009151915-41

Amount of Each Receipt this Period

208.00

C.

Full Name (Last, First, Middle Initial)

Scott P. Theodore

Mailing Address 12505 Ventana Mesa Cir

City

Castle Rock

State

CO

Zip Code

80108-9148

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

624.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 201009301915-41

Amount of Each Receipt this Period

208.00

SUBTOTAL of Receipts This Page (optional)

458.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 122 / 147

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Douglas D. Timmer

Mailing Address 633 W McIntosh Ln

City

Mequon

State

WI

Zip Code

53092-6022

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Ast Gn Cnl/Secur

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

306.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	1	0

Transaction ID: 201009131915-984

Amount of Each Receipt this Period

17.00

B.

Full Name (Last, First, Middle Initial)

Douglas D. Timmer

Mailing Address 633 W McIntosh Ln

City

Mequon

State

WI

Zip Code

53092-6022

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Ast Gn Cnl/Secur

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

306.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	0

Transaction ID: 201009281915-983

Amount of Each Receipt this Period

17.00

C.

Full Name (Last, First, Middle Initial)

Alessandro J. Tronco

Mailing Address 5 N Point Dr

City

Cohoes

State

NY

Zip Code

12047-3823

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

756.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	1	0

Transaction ID: 201009151915-67

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)

76.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 123 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Alessandro J. Tronco

Mailing Address 5 N Point Dr

City

Cohoes

State

NY

Zip Code

12047-3823

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

756.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 201009301915-67

Amount of Each Receipt this Period

42.00

B.

Full Name (Last, First, Middle Initial)

Chris G. Trost

Mailing Address 1218 E Olive St

City

Shorewood

State

WI

Zip Code

53211-1825

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Senior Actuary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

324.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: 201009131915-597

Amount of Each Receipt this Period

18.00

C.

Full Name (Last, First, Middle Initial)

Chris G. Trost

Mailing Address 1218 E Olive St

City

Shorewood

State

WI

Zip Code

53211-1825

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Senior Actuary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

324.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 201009281915-596

Amount of Each Receipt this Period

18.00

SUBTOTAL of Receipts This Page (optional)

78.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 124 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Leo C. Tucker

Mailing Address 605 Potomac River Rd

City

Mc Lean

State

VA

Zip Code

22102-1402

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: 201009151915-57

Amount of Each Receipt this Period

75.00

B.

Full Name (Last, First, Middle Initial)

Leo C. Tucker

Mailing Address 605 Potomac River Rd

City

Mc Lean

State

VA

Zip Code

22102-1402

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 201009301915-57

Amount of Each Receipt this Period

75.00

C.

Full Name (Last, First, Middle Initial)

Sean P. Twohig

Mailing Address 762 Country Club Ln

City

Fond Du Lac

State

WI

Zip Code

54935-8313

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Director li

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: 201009131915-1025

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)

160.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 125 / 147

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Sean P. Twohig

Mailing Address 762 Country Club Ln

City

Fond Du Lac

State

WI

Zip Code

54935-8313

FEC ID number of contributing
federal political committee.

C

Name of Employer
NMLOccupation
Director li

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	0

Transaction ID: 201009281915-1024

Amount of Each Receipt this Period

10.00

B.

Full Name (Last, First, Middle Initial)

Bruce K. Twomey

Mailing Address 1035 Oakwood Ln Unit B

City

Brookfield

State

WI

Zip Code

53045-2828

FEC ID number of contributing
federal political committee.

C

Name of Employer
NMLOccupation
Dir Tech Svcs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	0

Transaction ID: 201009281915-513

Amount of Each Receipt this Period

12.00

C.

Full Name (Last, First, Middle Initial)

Martha M. Valerio

Mailing Address 6048 N Lydell Ave

City

Whitefish Bay

State

WI

Zip Code

53217-4522

FEC ID number of contributing
federal political committee.

C

Name of Employer
NMLOccupation
VP & Chief Info Security Ofcr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	1	0

Transaction ID: 201009131915-621

Amount of Each Receipt this Period

12.00

SUBTOTAL of Receipts This Page (optional)

34.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 126 / 147

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Martha M. Valerio

Mailing Address 6048 N Lydell Ave

City

Whitefish Bay

State

WI

Zip Code

53217-4522

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP & Chief Info Security Ofcr

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	0

Transaction ID: 201009281915-620

Amount of Each Receipt this Period

12.00

B.

Full Name (Last, First, Middle Initial)

Patricia L. Van Kampen

Mailing Address 4520 N Lake Dr

City

Whitefish Bay

State

WI

Zip Code

53211-1252

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Public Equities

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

972.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	1	0

Transaction ID: 201009131915-606

Amount of Each Receipt this Period

38.00

C.

Full Name (Last, First, Middle Initial)

Patricia L. Van Kampen

Mailing Address 4520 N Lake Dr

City

Whitefish Bay

State

WI

Zip Code

53211-1252

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Public Equities

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

972.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	0

Transaction ID: 201009281915-605

Amount of Each Receipt this Period

38.00

SUBTOTAL of Receipts This Page (optional)

88.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 127 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Andrew T. Vedder

Mailing Address 2852 N Farwell Ave

City

Milwaukee

State

WI

Zip Code

53211-3760

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Ast Gn Cnl/Secur

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: 201009131915-1074

Amount of Each Receipt this Period

14.00

B.

Full Name (Last, First, Middle Initial)

Andrew T. Vedder

Mailing Address 2852 N Farwell Ave

City

Milwaukee

State

WI

Zip Code

53211-3760

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Ast Gn Cnl/Secur

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 201009281915-1073

Amount of Each Receipt this Period

14.00

C.

Full Name (Last, First, Middle Initial)

Janine L. Wagner

Mailing Address 1300 N Prospect Ave

City

Milwaukee

State

WI

Zip Code

53202-3022

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Director IS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

222.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: 201009131915-808

Amount of Each Receipt this Period

13.00

SUBTOTAL of Receipts This Page (optional)

41.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 128 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Janine L. Wagner

Mailing Address 1300 N Prospect Ave

City

Milwaukee

State

WI

Zip Code

53202-3022

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Director IS

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

222.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 201009281915-807

Amount of Each Receipt this Period

13.00

B.

Full Name (Last, First, Middle Initial)

Robert J. Waltos, Jr.

Mailing Address 7 Castaways N

City

Newport Beach

State

CA

Zip Code

92660-8403

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: 201009151915-24

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Robert J. Waltos, Jr.

Mailing Address 7 Castaways N

City

Newport Beach

State

CA

Zip Code

92660-8403

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 201009301915-24

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

213.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 129 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

P. Andrew Ware

Mailing Address 7900 N Berwyn Ave

City

Glendale

State

WI

Zip Code

53209-1810

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
VP Actuary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: 201009131915-501

Amount of Each Receipt this Period

35.00

B.

Full Name (Last, First, Middle Initial)

P. Andrew Ware

Mailing Address 7900 N Berwyn Ave

City

Glendale

State

WI

Zip Code

53209-1810

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
VP Actuary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 201009281915-500

Amount of Each Receipt this Period

35.00

C.

Full Name (Last, First, Middle Initial)

Alison F. Watson

Mailing Address 420 Independence Ave SE

City

Washington

State

DC

Zip Code

20003-1046

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
Dir Fed Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: 201009131915-1033

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 130 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Alison F. Watson

Mailing Address 420 Independence Ave SE

City

Washington

State

DC

Zip Code

20003-1046

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Fed Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 201009281915-1032

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Jeffrey B. Williams

Mailing Address 2004 N 72nd St

City

Milwaukee

State

WI

Zip Code

53213-1828

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Corp Risk Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

432.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: 201009131915-565

Amount of Each Receipt this Period

24.00

C.

Full Name (Last, First, Middle Initial)

Jeffrey B. Williams

Mailing Address 2004 N 72nd St

City

Milwaukee

State

WI

Zip Code

53213-1828

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Corp Risk Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

432.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 201009281915-564

Amount of Each Receipt this Period

24.00

SUBTOTAL of Receipts This Page (optional)

98.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 131 / 147
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Brian D. Wilson

Mailing Address 11128 N Whilton Rd

City

Mequon

State

WI

Zip Code

53097-3439

FEC ID number of contributing
federal political committee.**C**Name of Employer
NML

Occupation

Dir Ips Mkt & Sls

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

342.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	1	0

Transaction ID: 201009131915-1077

Amount of Each Receipt this Period

19.00

B.

Full Name (Last, First, Middle Initial)

Brian D. Wilson

Mailing Address 11128 N Whilton Rd

City

Mequon

State

WI

Zip Code

53097-3439

FEC ID number of contributing
federal political committee.**C**Name of Employer
NML

Occupation

Dir Ips Mkt & Sls

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

342.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	0

Transaction ID: 201009281915-1076

Amount of Each Receipt this Period

19.00

C.

Full Name (Last, First, Middle Initial)

James R. Worrell

Mailing Address 2218 Hopedale Ave

City

Charlotte

State

NC

Zip Code

28207-2130

FEC ID number of contributing
federal political committee.**C**Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

3744.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	1	0

Transaction ID: 201009151915-3

Amount of Each Receipt this Period

208.00

SUBTOTAL of Receipts This Page (optional)

246.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 132 / 147

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

James R. Worrell

Mailing Address 2218 Hopedale Ave

City

Charlotte

State

NC

Zip Code

28207-2130

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3744.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	0

Transaction ID: 201009301915-3

Amount of Each Receipt this Period

208.00

B.

Full Name (Last, First, Middle Initial)

John W. Wright, II

Mailing Address 4463 Jett Rd NW

City

Atlanta

State

GA

Zip Code

30327-3563

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	1	0

Transaction ID: 201009151915-47

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

John W. Wright, II

Mailing Address 4463 Jett Rd NW

City

Atlanta

State

GA

Zip Code

30327-3563

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	0

Transaction ID: 201009301915-47

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

408.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 133 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Conrad C. York

Mailing Address 1313 N Franklin Pl

City

Milwaukee

State

WI

Zip Code

53202-2980

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1008.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: 201009131915-762

Amount of Each Receipt this Period

58.00

B.

Full Name (Last, First, Middle Initial)

Conrad C. York

Mailing Address 1313 N Franklin Pl

City

Milwaukee

State

WI

Zip Code

53202-2980

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1008.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 201009281915-761

Amount of Each Receipt this Period

58.00

C.

Full Name (Last, First, Middle Initial)

Catherine M. Young

Mailing Address 929 N Astor St Unit

City

Milwaukee

State

WI

Zip Code

53202-7000

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Ast Gn Cnl/Re

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: 201009131915-1090

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

136.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 134 / 147

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Catherine M. Young

Mailing Address 929 N Astor St Unit

City

Milwaukee

State

WI

Zip Code

53202-7000

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Ast Gn Cnl/Re

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	0

Transaction ID: 201009281915-1089

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

T. Scott Zach

Mailing Address 6630 Country Creek Ln

City

Cedar Rapids

State

IA

Zip Code

52403-7023

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

756.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	1	0

Transaction ID: 201009151915-62

Amount of Each Receipt this Period

42.00

C.

Full Name (Last, First, Middle Initial)

T. Scott Zach

Mailing Address 6630 Country Creek Ln

City

Cedar Rapids

State

IA

Zip Code

52403-7023

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

756.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	0

Transaction ID: 201009301915-62

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)

104.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 135 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Thomas D. Zale

Mailing Address 2818 E Menlo Blvd

City

Shorewood

State

WI

Zip Code

53211-2652

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: 201009131915-790

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Thomas D. Zale

Mailing Address 2818 E Menlo Blvd

City

Shorewood

State

WI

Zip Code

53211-2652

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 201009281915-789

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Diana M. Zawada

Mailing Address N1 W311143 Wildwood

City

Delafield

State

WI

Zip Code

53018

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir-Enterprise Vendor Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

306.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: 201009131915-764

Amount of Each Receipt this Period

17.00

SUBTOTAL of Receipts This Page (optional)

117.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 136 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Diana M. Zawada

Mailing Address N1 W311143 Wildwood

City

Delafield

State

WI

Zip Code

53018

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir-Enterprise Vendor Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

306.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 201009281915-763

Amount of Each Receipt this Period

17.00

B.

Full Name (Last, First, Middle Initial)

Rick T. Zehner

Mailing Address 203 W Ravine Baye Rd

City

Bayside

State

WI

Zip Code

53217-1334

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Special Projects

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

546.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: 201009131915-967

Amount of Each Receipt this Period

29.00

C.

Full Name (Last, First, Middle Initial)

Rick T. Zehner

Mailing Address 203 W Ravine Baye Rd

City

Bayside

State

WI

Zip Code

53217-1334

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Special Projects

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

546.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 201009281915-966

Amount of Each Receipt this Period

29.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 137 / 147

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Jeffrey Zuzolo

Mailing Address 104 Wildwood Dr

City

Avon

State

CT

Zip Code

06001-4413

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3744.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	1	0

Transaction ID: 201009151915-23

Amount of Each Receipt this Period

208.00

B.

Full Name (Last, First, Middle Initial)

Jeffrey Zuzolo

Mailing Address 104 Wildwood Dr

City

Avon

State

CT

Zip Code

06001-4413

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3744.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	0

Transaction ID: 201009301915-23

Amount of Each Receipt this Period

208.00

SUBTOTAL of Receipts This Page (optional)

416.00

TOTAL This Period (last page this line number only)

26370.64

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 138 / 147

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

US Bank

Mailing Address 777 E. Wisconsin Ave.

City
Milwaukee

State
WI

Zip Code
53202

Purpose of Disbursement
Service Charge

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: B8F234696F0A0F65B0A

Date of Disbursement

09 / 15 / 2010

Amount of Each Disbursement this Period

61.66

SUBTOTAL of Disbursements This Page (optional)

61.66

TOTAL This Period (last page this line number only)

61.66

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 139 / 147

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A. Full Name (Last, First, Middle Initial) AMERIPAC: The Fund for a Greater America	Transaction ID: 43A3B7E90A343A42E43 Date of Disbursement																				
Mailing Address 607 14th Street, NW, Suite 800	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		0	8		2	0	1	0												
City Washington State DC Zip Code 20005	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2010 Contribution	<table border="1"> <tr> <td colspan="10">5000.00</td> </tr> </table>	5000.00																			
5000.00																					
Candidate Name AMERIPAC: The Fund for a Greater America	<table border="1"> <tr> <td>011</td> </tr> </table> Category/Type	011																			
011																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼																				
Contribution																					
B. Full Name (Last, First, Middle Initial) Bass Victory Committee	Transaction ID: 6563385036ACF998839 Date of Disbursement																				
Mailing Address PO Box 3451	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	9		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		2	9		2	0	1	0												
City Concord State NH Zip Code 03302	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2010 General	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Charles F. Bass	<table border="1"> <tr> <td>011</td> </tr> </table> Category/Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 02	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Contribution																					
C. Full Name (Last, First, Middle Initial) Brady for Congress	Transaction ID: FC6D18E74F8783CAECB Date of Disbursement																				
Mailing Address PO Box 8277	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		0	1		2	0	1	0												
City the Woodlands State TX Zip Code 77387	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2010 General	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Kevin Brady	<table border="1"> <tr> <td>011</td> </tr> </table> Category/Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 08	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Contribution																					

SUBTOTAL of Disbursements This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 140 / 147

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A. Full Name (Last, First, Middle Initial) Crowley for Congress	Transaction ID: 22311FA59E3044B5D65 Date of Disbursement																				
Mailing Address 84-56 Grand Avenue	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		2	2		2	0	1	0												
City Elmhurst State NY Zip Code 11373	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2010 General Candidate Name Joseph Crowley	<table border="1"> <tr> <td colspan="10">2000.00</td> </tr> </table>	2000.00																			
2000.00																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 07 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type																				
B. Full Name (Last, First, Middle Initial) Dave Camp for Congress 2010	Transaction ID: 672A9C7B8552FEAF61A Date of Disbursement																				
Mailing Address 5915 Eastman Avenue Suite 100	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	9		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		2	9		2	0	1	0												
City Midland State MI Zip Code 48640	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2010 General Candidate Name Dave Camp	<table border="1"> <tr> <td colspan="10">2000.00</td> </tr> </table>	2000.00																			
2000.00																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 04 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type																				
C. Full Name (Last, First, Middle Initial) Driehaus for Congress	Transaction ID: EF650EC6B235A8F7850 Date of Disbursement																				
Mailing Address 650 Fox Trails Way	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		1	5		2	0	1	0												
City Cincinnati State OH Zip Code 45233	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2010 General Candidate Name Steven L. Driehaus	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 01 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type																				
SUBTOTAL of Disbursements This Page (optional)	<table border="1"> <tr> <td colspan="10">5000.00</td> </tr> </table>	5000.00																			
5000.00																					
TOTAL This Period (last page this line number only)	<table border="1"> <tr> <td colspan="10"></td> </tr> </table>																				

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 141 / 147

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A. Full Name (Last, First, Middle Initial) Duffy for Congress	Transaction ID: C4F81EB2E5F38982DFC Date of Disbursement																				
Mailing Address PO Box 186	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	9		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		2	9		2	0	1	0												
City Ashland State WI Zip Code 54806	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2010 General	<table border="1"> <tr> <td colspan="10">2000.00</td> </tr> </table>	2000.00																			
2000.00																					
Candidate Name Sean P. Duffy	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 07	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Friends of Dan Maffei	Transaction ID: B65382515A61E29AB34 Date of Disbursement																				
Mailing Address PO Box 74	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	9		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		2	9		2	0	1	0												
City Syracuse State NY Zip Code 13214	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2010 General	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Daniel Benjamin Maffei	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 25	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Jim Gerlach for Congress Committee	Transaction ID: DC5F88A46B0B647C3AA Date of Disbursement																				
Mailing Address PO Box 87	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	9		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		2	9		2	0	1	0												
City Uwchland State PA Zip Code 19480	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2010 General	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name James W. Gerlach	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 06	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
SUBTOTAL of Disbursements This Page (optional)	<table border="1"> <tr> <td>4000.00</td> </tr> </table>	4000.00																			
4000.00																					
TOTAL This Period (last page this line number only)	<table border="1"> <tr> <td></td> </tr> </table>																				

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 142 / 147

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Jim Himes for Congress

Mailing Address 857 Post Road, #312

City State Zip Code
Fairfield CT 06824Purpose of Disbursement
2010 GeneralCandidate Name
James A. Himes011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: CT District: 04

Transaction ID: 4F6DF412295273FBA68

Date of Disbursement

M M / D D / Y Y Y Y
09 29 2010

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Julie Lassa for Congress

Mailing Address PO Box 112

City State Zip Code
Stevens Point WI 54481Purpose of Disbursement
2010 PrimaryCandidate Name
Julie M. Lassa011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: WI District: 07

Transaction ID: F8CA67AD8370A918D3E

Date of Disbursement

M M / D D / Y Y Y Y
09 01 2010

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Kinzinger for Congress

Mailing Address PO Box 1050

City State Zip Code
Bourbonnais IL 60914Purpose of Disbursement
2010 GeneralCandidate Name
Adam Kinzinger011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: IL District: 11

Transaction ID: C78EE7EADC1C79B3814

Date of Disbursement

M M / D D / Y Y Y Y
09 29 2010

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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PAGE 143 / 147

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A. Full Name (Last, First, Middle Initial) Klein for Congress	Transaction ID: 1754542C5B7DC32AA1D Date of Disbursement																				
Mailing Address 21301 Powerline Road, Suite 204	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	3		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		2	3		2	0	1	0												
City Boca Raton State FL Zip Code 33433	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2010 General Candidate Name Ron Klein Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 22 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Category/Type 011																					
B. Full Name (Last, First, Middle Initial) Kurt Schrader for Congress	Transaction ID: C56CCF1A77E1D707582 Date of Disbursement																				
Mailing Address PO Box 3314	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	9		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		2	9		2	0	1	0												
City Oregon City State OR Zip Code 97045	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2010 General Candidate Name Kurt Schrader Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 05 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<table border="1"> <tr> <td colspan="10">2000.00</td> </tr> </table>	2000.00																			
2000.00																					
Category/Type 011																					
C. Full Name (Last, First, Middle Initial) Marco Rubio for US Senate	Transaction ID: 9D1011C20C6886884AD Date of Disbursement																				
Mailing Address 2030 South Douglas Road Suite 105	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	9		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		2	9		2	0	1	0												
City Coral Gables State FL Zip Code 33134	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2010 General Candidate Name Marco Rubio Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Category/Type 011																					
SUBTOTAL of Disbursements This Page (optional)	<table border="1"> <tr> <td colspan="10">4000.00</td> </tr> </table>	4000.00																			
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TOTAL This Period (last page this line number only)	<table border="1"> <tr> <td colspan="10"></td> </tr> </table>																				

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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PAGE 144 / 147

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A. Full Name (Last, First, Middle Initial)
Richard E Neal for Congress Committee

Mailing Address 76 Magnolia Terrace

City Springfield State MA Zip Code 01108

Purpose of Disbursement
2010 GeneralCandidate Name
Richard E. Neal011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: MA District: 02

Transaction ID: D58F54EBAB9E874DC25

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	9		2	0	1	0

Amount of Each Disbursement this Period

1500.00

B. Full Name (Last, First, Middle Initial)
Ryan for Congress

Mailing Address PO Box 1919

City Janesville State WI Zip Code 53547

Purpose of Disbursement
2010 GeneralCandidate Name
Paul Ryan011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: WI District: 01

Transaction ID: 923E6117EBDEA16C40D

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	2		2	0	1	0

Amount of Each Disbursement this Period

1000.00

C. Full Name (Last, First, Middle Initial)
Ryan for Congress

Mailing Address PO Box 1919

City Janesville State WI Zip Code 53547

Purpose of Disbursement
2010 GeneralCandidate Name
Paul Ryan011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: WI District: 01

Transaction ID: B7193E5017B12406B89

Date of Disbursement

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0	9		2	9		2	0	1	0

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 145 / 147

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.	Full Name (Last, First, Middle Initial) Scott Garrett for Congress <hr/> Mailing Address PO Box 905 <hr/> <table> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Newton</td> <td>NJ</td> <td>07860</td> </tr> </table> <hr/> <table> <tr> <td>Purpose of Disbursement</td> <td rowspan="2"><div>011</div> Category/ Type</td> </tr> <tr> <td>2010 General</td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> <tr> <td colspan="2">E. Scott Garrett</td> </tr> <tr> <td>Office Sought:</td> <td>Disbursement For:</td> </tr> <tr> <td><input checked="" type="checkbox"/> House</td> <td>2010</td> </tr> <tr> <td><input type="checkbox"/> Senate</td> <td><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General</td> </tr> <tr> <td><input type="checkbox"/> President</td> <td><input type="checkbox"/> Other (specify) ▼</td> </tr> <tr> <td>State: NJ</td> <td>District: 05</td> </tr> </table>	City	State	Zip Code	Newton	NJ	07860	Purpose of Disbursement	<div>011</div> Category/ Type	2010 General	Candidate Name		E. Scott Garrett		Office Sought:	Disbursement For:	<input checked="" type="checkbox"/> House	2010	<input type="checkbox"/> Senate	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="checkbox"/> President	<input type="checkbox"/> Other (specify) ▼	State: NJ	District: 05	Transaction ID: 91574005A917B5FC3BC Date of Disbursement <div>09 / 13 / 2010</div> <hr/> Amount of Each Disbursement this Period <div>1000.00</div>
City	State	Zip Code																							
Newton	NJ	07860																							
Purpose of Disbursement	<div>011</div> Category/ Type																								
2010 General																									
Candidate Name																									
E. Scott Garrett																									
Office Sought:	Disbursement For:																								
<input checked="" type="checkbox"/> House	2010																								
<input type="checkbox"/> Senate	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General																								
<input type="checkbox"/> President	<input type="checkbox"/> Other (specify) ▼																								
State: NJ	District: 05																								
B.	Full Name (Last, First, Middle Initial) Shelley Moore Capito for Congress <hr/> Mailing Address PO Box 11519 <hr/> <table> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Charleston</td> <td>WV</td> <td>25339</td> </tr> </table> <hr/> <table> <tr> <td>Purpose of Disbursement</td> <td rowspan="2"><div>011</div> Category/ Type</td> </tr> <tr> <td>2010 General</td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> <tr> <td colspan="2">Shelley Moore Capito</td> </tr> <tr> <td>Office Sought:</td> <td>Disbursement For:</td> </tr> <tr> <td><input checked="" type="checkbox"/> House</td> <td>2010</td> </tr> <tr> <td><input type="checkbox"/> Senate</td> <td><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General</td> </tr> <tr> <td><input type="checkbox"/> President</td> <td><input type="checkbox"/> Other (specify) ▼</td> </tr> <tr> <td>State: WV</td> <td>District: 02</td> </tr> </table>	City	State	Zip Code	Charleston	WV	25339	Purpose of Disbursement	<div>011</div> Category/ Type	2010 General	Candidate Name		Shelley Moore Capito		Office Sought:	Disbursement For:	<input checked="" type="checkbox"/> House	2010	<input type="checkbox"/> Senate	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="checkbox"/> President	<input type="checkbox"/> Other (specify) ▼	State: WV	District: 02	Transaction ID: F5111F98F6BA1969C92 Date of Disbursement <div>09 / 29 / 2010</div> <hr/> Amount of Each Disbursement this Period <div>1000.00</div>
City	State	Zip Code																							
Charleston	WV	25339																							
Purpose of Disbursement	<div>011</div> Category/ Type																								
2010 General																									
Candidate Name																									
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<input type="checkbox"/> Senate	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General																								
<input type="checkbox"/> President	<input type="checkbox"/> Other (specify) ▼																								
State: WV	District: 02																								
C.	Full Name (Last, First, Middle Initial) Stivers for Congress <hr/> Mailing Address 4679 Winterset Drive <hr/> <table> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Columbus</td> <td>OH</td> <td>43220</td> </tr> </table> <hr/> <table> <tr> <td>Purpose of Disbursement</td> <td rowspan="2"><div>011</div> Category/ Type</td> </tr> <tr> <td>2010 General</td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> <tr> <td colspan="2">Steve Stivers</td> </tr> <tr> <td>Office Sought:</td> <td>Disbursement For:</td> </tr> <tr> <td><input checked="" type="checkbox"/> House</td> <td>2010</td> </tr> <tr> <td><input type="checkbox"/> Senate</td> <td><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General</td> </tr> <tr> <td><input type="checkbox"/> President</td> <td><input type="checkbox"/> Other (specify) ▼</td> </tr> <tr> <td>State: OH</td> <td>District: 15</td> </tr> </table>	City	State	Zip Code	Columbus	OH	43220	Purpose of Disbursement	<div>011</div> Category/ Type	2010 General	Candidate Name		Steve Stivers		Office Sought:	Disbursement For:	<input checked="" type="checkbox"/> House	2010	<input type="checkbox"/> Senate	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="checkbox"/> President	<input type="checkbox"/> Other (specify) ▼	State: OH	District: 15	Transaction ID: F35F158868465F06713 Date of Disbursement <div>09 / 29 / 2010</div> <hr/> Amount of Each Disbursement this Period <div>2000.00</div>
City	State	Zip Code																							
Columbus	OH	43220																							
Purpose of Disbursement	<div>011</div> Category/ Type																								
2010 General																									
Candidate Name																									
Steve Stivers																									
Office Sought:	Disbursement For:																								
<input checked="" type="checkbox"/> House	2010																								
<input type="checkbox"/> Senate	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General																								
<input type="checkbox"/> President	<input type="checkbox"/> Other (specify) ▼																								
State: OH	District: 15																								
SUBTOTAL of Disbursements This Page (optional) ►		<div>4000.00</div>																							
TOTAL This Period (last page this line number only) ►		<div></div>																							

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 146 / 147

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A. Full Name (Last, First, Middle Initial) Tenn Political Action Committee Inc (TENN PAC)	Transaction ID: E0A55CFDE9BB8156B00 Date of Disbursement
Mailing Address 228 S Washington Street Suite 115	<div> <div>09</div> <div>01</div> <div>2010</div> </div>
City Alexandria State VA Zip Code 22314	Amount of Each Disbursement this Period
Purpose of Disbursement 2010 Contribution Candidate Name Tenn Political Action Committee Inc (TENN PAC)	<div>3000.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution	<div>011</div> Category/ Type
B. Full Name (Last, First, Middle Initial) Tim Johnson for South Dakota Inc	Transaction ID: BAC2AF3281053A32B0F Date of Disbursement
Mailing Address PO Box 1536	<div> <div>09</div> <div>22</div> <div>2010</div> </div>
City Sioux Falls State SD Zip Code 57101	Amount of Each Disbursement this Period
Purpose of Disbursement 2014 Primary Candidate Name Tim Johnson	<div>1000.00</div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: SD District: Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Contribution	<div>011</div> Category/ Type
C. Full Name (Last, First, Middle Initial) Vernon Parker for Congress	Transaction ID: 49048CEE454606768B4 Date of Disbursement
Mailing Address 5635 E Lincoln Drive #18	<div> <div>09</div> <div>16</div> <div>2010</div> </div>
City Paradise Valley State AZ Zip Code 85253	Amount of Each Disbursement this Period
Purpose of Disbursement Voided 8/13/10 Disbursement Candidate Name Vernon Parker	<div>-1000.00</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 03 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Contribution	<div>011</div> Category/ Type

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 147 / 147

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

We the People PAC

Mailing Address PO Box 2232

City
Jenkintown

State
PA

Zip Code
19046

Purpose of Disbursement
2010 Contribution

011

Category/
Type

Candidate Name
We the People PAC

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Contribution

Transaction ID: 8F957B0BAEA505C6B5C

Date of Disbursement

09 / 17 / 2010

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

Yarmuth for Congress

Mailing Address 1819 Brownsboro Road

City
Louisville

State
KY

Zip Code
40202

Purpose of Disbursement
2010 General

011

Category/
Type

Candidate Name
John A. Yarmuth

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: KY District: 03

Transaction ID: 49E0659D8A52CB116BA

Date of Disbursement

09 / 29 / 2010

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

39000.00